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VOL. XXXVII. AUGUST, 1917 No. 2. (Full No. 427)

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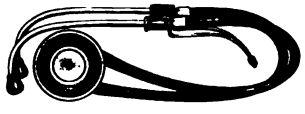

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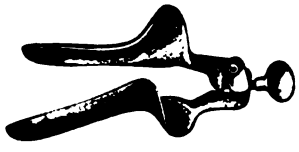

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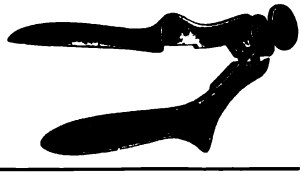

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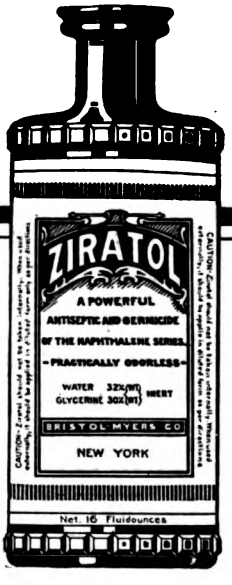

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Western Medical Times

VOL. XXXVII AUGUST, 1917 No. 2

War, Morals and Health—The Future

G. HENRI BOGART, M. D.
Shelbyville, Illinois

When the United Statse waged the litlo scrap, known as the Spanish-American war, there were 289 men killed in action or died from wounds, so received, while there were 3,848 died from disease.

Thirteen to one, needlessly, heedlessly sacrificed to wanton ignorance, and at that, the greater portion of those who died never left our shores, they died in concentration camps, and even in a monetary sense, we are paying in pension rolls, not because of the valor of the Dons, but as a salve to our own murder of our own men. Pretty stiff, you say?

Let it go at that.

With all the military acumen of the German war machine, there were 12 German deaths from sickness to each one slain in combat, in the short Franco-Prussian war.

Then came the Russo-Japanese war, where the little yellow men took our theoretical hygiene and prophylaxis and used it—some imitator, the Jap—and though the war was waged amid severe climatic conditions, the fierce savage rigors of the Siberian eastland, the scales for the first time gave Mars the death roll for two were killed for each one to succumb to disease or as the result of failure in commissary and hospital conditions.

The world waked up, with a snort, and the result, so far as America is concerned was best shown in the jumble of the sending of the National Guard to the border, where all the men from Illinois came home from camp save two, and one of these deaths was that of a soldier who got under a locomotive at a crossing.

So far so good, but the mobilization at the border revealed another menace, one fraught with the living that saps the future, as well as the present morale of the army.

Three tests of the patriotism of the United States have followed in one, two, three order in this June of 1917, first the enrolling of ten million of the sturdy, young manhood of the nation for military duty, the taking by four million Americans of two thousands of millions of liberty loan bonds, with 52 per cent thrown in for good measure, and the subsequent donation of another hundred millions for the Red Cross to conserve the boys who so freely offer themselves and their fortunes to the well-being of humanity.

It is a theme to thrill the heart that our beloved land is willing to repel the lie of sordid money grabbing, by sacrifice for the ideal of human liberty.

There has been a furore in many circles as to what the future of the race shall be, when so many of the virile males are killed without having bequeathed their progeny to the next generation.

Now, keep this thought in view and remember that in the selection of the first unit for the war, there will be 687,000 of the most perfect, physically, since in the volunteering of half a million men, since the declaration of war, only two have passed of each eleven offered, that the men who are going to

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war, the cream of our manhood is being selected with the scientific accuracy of the modern cream separator in the dairy.

Some percentage of those who go to the front will return, they will come home with the glamour of the warrior which will give them pick of the fairest of womanhood.

What if they return, unfit, worse than unfit to breed, what if their children shall come into the world burdened with hereditary venereal infection, a menace to generations, a fatter yield of insanity and locomotor ataxia and all the protean train of syphilis?

Syphilization is not civilization.

We have learned, from the Japanese to inoculate for typhoid and to calculate and furnish the proper calories of food, why not learn from the border camps, the lesson of prophylaxis from venereals?

You will ask what I mean, what authority?

A report of horrible camp conditions was sent me, and I took it to a surgeon major, a man still in the service and I asked him to verify or deny the charges, and after a careful study of the paper, he close-annotated it and generalized with the statement that the conditions were worse than the report indicated.

More than ten thousands of the wildest sort of prostitutes mobilized at San Antonio, Texas, while the National Guard were there.

Dr. M. J. Exner, made a careful survey of all the camps along the border and found this grouping of the prostitutes in almost every instance, the women either Mexican, Negro, or the restless, adventuress type, and all of the most dangerous, and these with the full knowledge and tacit consent of the higher officers, who explained that the presence of these women "is a necessity." The medical men connected with the camps were a unit in their opposition to the presence of this menace, which is a survival of the old time ideal that loot and women are the rewards of the soldier, a recrudenence of savagry, which has been revived in the handling of the German force in Belgium and northern France, where the brutalizing horror is part of the Prussian ideal of frightfulness, where the men of Mons were herded as in slavery days in Africa, while all the girls and women, between the ages of 15 and 40 were likewise herded only those already pregnant, and driven like beasts to the lines and turned over to the soldiers; where 43 nuns from one convent were sent to Montreal to bear babies, fruits of the rape of these devoted women, many of whom were found to be infected with syphilis.

This matter is thus referred to as accentuating the issue of the war.

We are in the fray to aid in the overthrow of Prussian militarism, why not overthrow its hellish ideals in sexual purity as well as otherwise.

One of the incidents mentioned in the Exner report is that of a woman who consulted a physician, when she was found to be in the active stage of syphilitic infection, yet her day book showed that she had served 120 men in the two previous days.

Here is the best possible reply to the spurious claim of sex necessity, to the argument that if we do not provide women for the soldier, he will masturbate.

The woman who copulates with 60 men in a day, contributes nothing to the nervous interchange of vital forces in the connection, she is passive, she is but a masturbating machine, and as in any other art, the handmade article is superior to the machine product.

The argument that the presence of such women protects the man, falls on the further line of the temptation which they prove to the men, who would have no special call to practice the old fashioned handmade masturbation, while the call of sex responds to any thing in the form of a woman, it is an incentive, an irritant.

The men who are to be called to the concentration camps, by the million are

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mostly of the unsophisticated class, the boys from the farm and the village, their knowledge of sex matters is vague, and above all, they are exposed to that queer crowd psychology that forms mobs and is the stock in trade of the scheming demagogue.

When there are women convenient and with flaming temptation flaunted, when the yielding to the impulse is connived at by those in authority, when it is the fashion, men will seek the prostitute, who would not be tempted at home, and so men who never before thought of yielding to the filthy lure of the dirty, cheap prostitute, seek her as a matter of course.

He will find an incentive to greater sexual excess through the mechanical masturbation with the prostitute, than he would in secret self abuse and the drain on his system will be greater, while the enormous danger of venereal infection, with its century of race destruction will follow, and that too, when the wisest and widest possible steps should be taken to conserve the strong, virile manhood of the world for breeding purposes.

And, on this "sex necessity lie," I cannot allow the occasion to pass without another protest.

The woman who is developed, normally, has just as strong sexual desire as her brother, her sexuality influences her life, more than it does that of the man.

One of the tremendous results of the war is that woman is coming into a position of equality with her brother. She is working in men's vocations by the millions, she has stepped up to a plane where she gets the same wages, and, she is making good.

With our present conventional ideas of society, we hold the woman, particularly her body as the special property of some one man, she is his and that old slavery of the dim past is still with us, along with the atavisms of savagry, against which the world is protesting in its war on Prussianism and reversion to militarism.

The woman has just as much RIGHT to promiscuous sexual relief as has her husband, but suppose that in his absence, she should call in the tramp, the grocery boy and the pastor that she might appease her *sex necessity.*

One of the monumental results of this war is the bringing of the sexes more nearly to the same plane, mentally, physically and psychologically.

A regiment, in Russia went to the front as expert sharpshooters, on June 17 and every officer and private is a college graduate woman, under 25. In Chicago, a lumber company has filled its force of yard laborers in piling and loading lumber, with women, and they claim them superior to the men they have employed in the past, and they are paying them full wages.

Whatever we may think about it, the planes of man and woman are brought vastly nearer the same level by the war, and either the man must gain higher and better ideals of life, in the sexual line as elsewhere, or that of the woman shall be lowered.

This nation gave the world the ideal of liberty and self government, in 1776, which is the price of the present strife we either make it world wide or we lose it.

Why should not this same nation assume the initiative in giving the world a cleaner, stronger manhood rather than take the responsibility of a correspondingly debased womanhood?

The time is short, only the medical man can form a just degree of knowledge of the danger of Syphilization that would follow the mobilization of prostitution, winked at, if not cultivated by military authority.

The average practician does not care to treat venereal disease, he and he alone is aware of its protean complications.

Doctor, unless the mobilization of lewd women at the camps be prevented, the profession is doomed to an increase of this line of cases, through the coming years.

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The majority of the young men who enter the service are not regular followers after scarlet women, they should be protected from the leaven of the minority who are patrons of bachanalian orgies.

A diseased soldier is a weakness to an army, the American people are pouring out sentiment and cash, lavishly to create an army, there should be no deterring influence to waste the sacrifice because men's vice is supposed to be a necessity.

A recent law has made it a crime to sell or give a drink of alcoholic liquor to any man wearing the uniform of the United States, the same principle applies to the immeasurably greater menace, prostitution, with venereal infection.

Secretary of War Baker recognizes this danger, for a dispatch of the Associated Press, under date of June 20 notifies the city of Indianapolis that unless the menace of the prostitutes to the officer's camp at Ft. Benjamin Harrison, in the outskirts of that city, shall be removed by the local authorities, the camp will be abandoned. This overflow of vice does not slander the city any more than the estimated raid of 10,000 harlots into the vicinity of San Antonio reflects upon the general morality of the Texan city, these harpies swarmed down onto the camps as the miners into a new gold field.

The doctors are the men whose education prepares them to comprehend what a danger this invasion of venereal peril means to the nation, both as to the outcome of the war and as to the future of the entire people, for it is ever the innocent, especially women and unborn children who are the victims, the results of syphilis are not in the nature of rewards and punishments, they are consequences, that will follow if allowed to remain. Let every doctor who reads this article refer it to the W. C. T. U., to the ministry, to the Y. M. C. A., to the lodges, to any organization which is interested in clean, decent manhood and womanhood, then induce these bodies to memorialize their congressmen. Get copies of the report of harlotry under at least oblique official countenance, which corrupts and kills our soldiers.

There will be more than a million Americans in training camps before frost flies, the occasion is urgent, we cannot afford to allow the wages which we have doubled for the soldier, and for which we so freely poured out two thousand millions of dollars in liberty bonds to be degenerated into a yet more glittering prize for the horrible army of the degraded and diseased class that is poised to swoop down onto the camps.

Merely as a matter of business, of the recent devotion to efficiency, we should make it impossible.

We are selecting an army with such safeguards as will render it the highest type of perfect manhood that ever stepped into the ranks, we should give it the opportunity to remain so.

In the greatest prayer of the ages, we read, "Lead us not into temptation."

Sometimes a man lights accidentally on a great truth. This man sure came near one: His wife being in labor, he remembered her previous tribulation and what helped her, and telephoned to the doctor to hurry "and be sure to fetch along those Y. M. C. A. tablets." Yes, he meant the H-M-Cs.

A vet. got excellent results in tetanus from a combination of lobeline, arecoline and strychnine.

As medical science advances we learn to see the evil still earlier in its course, to break up vicious pathologic sequences before material lesions have been inflicted.—*A. J. C. M.*

Belladonna, while dilating the cutaneous capillaries, lessens the blood in the spinal cord, especially when there is spinal or cerebral congestion, cold skin and extremities, cold, clammy sweat, dilated pupils and great sluggishness of action.—Ellingwood, *Med. Summary.*

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The Value of the "No Good"—Technic

TWELFTH PAPER

DOUGLAS H. STEWART, M.D., F.A.C.S.,
New York City

Uniting Wounds Without Suture

"Some men have gained a diadem by the self-same steps that led others to the gallows"
—Juvenal

In London an able army surgeon wrote a book called "First lines on the Practice of Surgery." His name was Samuel Cooper and the date of publication was April 30, 1807. On page 67 to 71 may be found the following lines:

"In the present schools of surgery the use of sutures is not recommended as it was in former days. It is now known that by the conjoined operation of position, of adhesive plaster and of a bandage, almost all wounds are capable of being united as expeditiously and well as they could be were sutures to be employed. Did sutures, however, only create a little additional pain, and no other evil, still their employment would be justifiable, if they really possessed the power of rendering union by first intention a matter of greater certainty, in only a limited proportion of the cases to which they are applied. In the cure of hare-lip and perhaps in large wounds penetrating the abdomen, we must admit their utility; but, in general, the new wounds that they make, their irritation as extraneous bodies, the forcible manner in which they drag the living parts together and their incapacity to accomplish any useful purpose which position, adhesive plaster and bandage cannot effect are strong motives for reprobating their being commonly used. In fact, it often happens when sutures are employed that the swollen edges of the wound evince irritation and suppuration. In this case if the surgeon be sagacious enough to cut the ligatures, and remove them in time, suppuration may be avoided.

"What practice would the partisans of ligatures adopt were they necessitated to remove them? Or were they to find that those ligatures had cut their way through the lips of the wound so as to leave them gaping? They would then never think of introducing new sutures; but would have recourse to a bandage in order to unite the wound. Whoever wishes to investigate the subject further, should peruse M. Louis's Observation on the Fundamental Principles of Union by the First Intention. This famous man proved that even the harelip could be united very well without a suture. (A difficult matter because of the incessant and unavoidable motion of the part.)

"The common uniting bandage can only be applied to wounds which take a direction corresponding to the length of the body or limbs and which are situated where a bandage can be used. It consists of a double-headed roller having a slit between the two heads. The slit must be sufficiently large to allow one head of the roller to pass through it with facility. The surgeon is to take one head of the roller in each hand and he is to apply the bandage first to that part of the limb which is opposite to the wound. One head of the roller is then to be brought around, so as to bring the slit precisely over the breach of continuity. The other head is then to be brought round in the opposite direction and is

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to be passed through the slit. The bandage is next to be drawn moderately tight, and its two heads being carried around the limb again, the same artifice is to be repeated until a sufficient number of turns is made, to cover the whole length of the wound. It is quite wrong ever to apply it exceedingly tight; because its advantages are its having more power than adhesive plaster alone to maintain the opposite sides of deep wounds in contact; and its acting without irritation, frequently arising from the application of resinous substances to the skin. It is not however exempt from inconveniences. Its total concealment of the wound, its lying in irregular folds so as to create an uneven cicatrix, etc., might be mentioned."

The nurse who does a lot of bandaging for the present writer is an enthusiast on this bandage as a substitute for the usual strapping of varicose veins and ulcers. This is her expeditious way of managing it.

1. Knot together the ends of two bandages.

2. Cut one of them around and around until the knife blade sinks one fourth inch into the fabric. Such a cut, placed in the middle of the roller becomes a longitudinal slit as the bandage is unrolled.

3. After the sides of the wound have been brought into opposition or when the edges of the ulcer have had sufficient pressure put upon them, that is, if a liberal number of turns have formed a good thick cover, then the slit roller is cut off and the dressing is carried on to completion, with the single uncut roller applied in the usual manner.

A variation of the bandage is made by knotting together a one inch width and a three inch width. The latter is slit and the whole, when placed, can be made to lie very smooth, flat and even in all its folds.

The ordinary bandage exerts a pull in a single direction. It is a constant from left to right or the reverse according to the trend and application of its turns; but the uniting bandage pulls in both directions at once; because the pull of one roller makes opposition to the pull of the other; this produces a squeeze or direct pressure rather than a torsional stress. The reader may demonstrate for himself that approaching and crossing the ends of a rather broad muslin sling, which has been placed around a limb, will close an incised wound that is situated under the cross-course. Even though adhesive plaster or skin sutures will merely bring margins together, yet the sling or the uniting bandage will close a wound from bottom to top, if reasonable care and proper traction are exercised.

Inasmuch as the results obtained were so good when the uniting bandage was employed upon longitudinal wounds, an endeavor was made to adapt the expedient to transverse or latitudinal ones. Strips of plaster were attached to the skin upon opposite sides of the wound and these strips might be thus described:

1. They were wider than the wound was long.

2. They were crossed at their free ends by pieces of wooden tongue-depressors.

3. These tongue-depressors were placed and kept a full half inch away from the margin of the wound.

Suppose a strip of adhesive plaster two inches wide were taken and that on the end of the adhesive surface a piece of wooden tongue-depressor were fastened, by a hem-like artifice formed by passing the plaster around the wood and bringing the turned up edge into good contact with the body of the plaster strip. Suppose again that two such strips were attached on opposite sides of the wound in such a manner that the depressors came about one half inch from the wound-crater. Then the two depressors could be approximated, the wound walls could be drawn together and a third strip of plaster could be made to

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hold them fast. The wound would be splinted and no plaster could come in contact with it, because the upper or third strip makes a little suspension bridge from depressor to depressor and the wooden sides of the latter form the walls of a little tunnel or runway beneath it and over the wound. The uniting bandage may be then applied over all, since the slight modification which is necessary may be readily discovered by a very little practice.

Another expedient of the same sort may be performed in this way.

1. Fold the end of a plaster strip upon itself for a distance of rather less than an inch.

2. Put the edge of the fold nearly on the edge of the wound.

3. Perform the same act with a second strip upon the opposite side of the wound.

4. See that the strips are firmly adherent to the skin; but the edges at the wound are faced folds and will not adhere. They may be lifted up and sewed together by stitches which cross above the wound or by safety pins which are locked and have figure of eights of thread wound over them, after which the bandage is applied.

All of which is quite rapid and simple in performance though it appears very elaborate in description.

In time of great haste, a longitudinal wound may be closed by using a double roller bandage one inch wide and the right hand above on one crossing and with the left hand above on the next turn, and so on alternately. This will be found to serve fairly well, though when time serves, the best method is the original Cooper one or its modification.

It is often possible to put a wooden tongue depressor upon a punctured wound (stilleto, etc.) in such a way that when the uniting bandage is applied the wound will be closed throughout its entire length; its walls being brought into contact by the pressure. Union by first intention is quite common provided the wound at its first dressing is filled with a good antiseptic (antiseptic wash or Mayer's Solution) and neither probe nor drain is introduced.

The only precaution to be observed in the use of the uniting bandage is to pull with both hands equally, while looking at the wound in order to observe the exact results obtained. By way of practice let the reader separate his thighs, put such a bandage around both, and then let him note what direction of pull will tend to bring the thighs together again. As in all bandages, a single layer may be very feeble but power accumulates with a multiplicity of turns.

For holding splints in place and especially when pressure upon some splinted area is desirable this bandage will always be found adequate.

Asthma: Arsenic dilates the capillaries, soothes the nervous system, acts as a stimulant upon the blood-making organs, and possesses germicidal powers; it makes pure and rich blood and strengthens the defensive powers of the organism. The organic compounds of arsenic are less toxic than the inorganic ones.—Lerch, *Am. Jour. Clin. Med.*

Macrotys is an excellent remedy in pleurisy; combined with bryonia when we have the bruised, pounded soreness of the muscles, very sore to touch.—*Med. Summary.*

Worth a Year's Subscription: I am going to throw less work to the surgeon and do more of it myself, and charge enough for it, too.—Cuthbert, *South. Clin.*

Hare says that lobelia is equally praised and condemned. He might have added that it is praised by those who have used it and condemned by those who have not.

Lobeline hypodermically is a direct emetic, in doses gr. 1/30 to 1/4, stimulates secretion, is not narcotic and no depression follows it.—G. R. Browne, *A. J. C. M.*

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A Clinical Case, with Annotations*

S. C. GIBSON, M. D.
Reno, Nevada

My years of practice in general medicine, in spite of my limited experience and smattering knowledge of psychiatry, make my writing on insanity and its kindred subjects, I imagine, especially interesting to the general practitioner, who usually has the opportunity to observe the incipiency of the largest portion of all cases of alienation. The failure on our part to properly apprehend these incipient cases often work ruin on many of the patients, for the timely recognition of an incipient mental disease and its early treatment will be beneficial, if not curative, to many cases.

Psychiatry has been, till within recent years, so long neglected in the curricula of our medical schools that to only recent graduates of medicine, does it seem a part of our profession. What knowledge the largest majority of the older graduates have of this branch of medicine, has been learned from experience and from study in after years of practice.

This statement is made from my own experience and I am confident that many of the older members of the Society will concur in this opinion and that many of you have had an experience similar to my own.

It was only my recent position and through sheer chagrin of my ignorance of this branch of medicine that I commenced the study of psychiatry. After these few years of study and experience, my knowledge is still only mediocre and my writings are unlike the articles from the pen of the alienists and neurologists which have depth, while mine only have width. To successfully study psychiatry, one must be informed in psychology. The study of psychiatry is very arduous, especially for those who have no opportunity to observe the insane; and another reason is that in our text-books the descriptions of the various forms and phases of insanity and the different moods of the insane are so often described in terms of expression that seem to be wholly contradictory; such as mania-depressive insanity, the excitement of depressive emotion, a maniac of stuporous insanity, the wild and incoherent speech of dementia, agitation of melancholia, exalted phase of paresis, maniacal states of senile dementia, and so forth. These terms are used to express the diversed and opposite emotional states that may follow each other, and even be produced by the same brain lesion. To account for these changes of the various phases and modes of a case of insanity, whether of an organic or functional origin, is a supposition that there is a shifting of the hyperemia, anemia, excitement, irritation or whatever the attributing cause may be, from one portion of the brain to another.

These phases and moods of the insane do not come on suddenly, as do morbid impulses and acts of imperative ideas. All pathological effects, like nature, never work abruptly—daylight nor darkness never come on suddenly, but there is always a dawn before day and twilight before darkness; and, it has been said, "All coming events cast their shadows before"; so it is with pathological brain storms. All morbid perturbations have their prodromes and syndromes, and can be recognized and classified by those who are versed in psychiatry. Some author and writer took cognizance of these prodromes when he wrote that, "Frenzy was nursed in the lap of Melancholia."

Acute mania, which lasts but a few weeks or months, breaks out suddenly,

*Read before the Washoe County Medical Society.

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after previous sensorial or melancholic symbols, consisting of headache, disturbed sleep, fear, irritability or psychic depression, and so forth. After these prodromes come the symptoms of exhiliration, hilarity and exaltation, with increased cerebral function, such as increased flow of ideas, disturbance of the will or inhibitive powers, and the emotions. The duration of the prodromal stage may vary from a few days to a few months and it is claimed the longer the prodromes last, the longer the attack of mania will continue. Just as it is usual for an attack of mania to be preceded by a melancholic prodromal stage, so it is usual for other forms of psychoses to be preceded by prodromes which, if rightly interpreted, will be a warning of some future mental disturbances. During this early period, with good care, pleasant environments and proper treatment, these prodromes may gradually fade, with only a mild mental disturbance, or a slight mental exhaustion of a short duration, and then the patient is well on the road to complete mental health.

The symptoms of various brain lesions and the numerous functional disturbances causing psychoses may have the same syndromes. The analogy in the comparison of the expansive state of a healthful person with the maniacal condition of the insane will be found very striking, at least when the former has reached a certain intensity. Imagine the elation of a poor, discouraged and overworked miner who has suddenly discovered a fabulously rich mine; or imagine, for instance, the mental condition of a pauper who has suddenly become posessed of great wealth; or the temporary mental state of a criminal, condemned to death, who is reprieved at the last minute. For a short period of time these persons could not be distinguished from the maniac. They exhibit foolish conduct and erratic action, consisting of shouting and dancing; they are in an active state of wild hilarity; and they are in such an exaltation of consciousness with flight of ideas, to the extent of disconnected and incoherent speech. Even in persons of mediocre intelligence, when the will, the intellectual faculties and the emotions are not impaired, these storms of delight will soon pass; but quite a difference with the maniac, whose continued perturbation is due to an organic or to a more stable disturbed functional disorder.

The case that I am about to relate will show plainly why we, the general practitioners, need some knowledge of insanity. Within 36 or 40 hours before we were called to this case one of our local physicians saw the patient and evidently did not apprehend the serious illness of this young man. However, if the state does not exact a knowledge of psychiatry, the public does suppose it to be a part of every practicing physician's acquirements. A successful knowledge of psychiatry, in our opinion, can never be obtained from our text-books, and that the successful treatment of the insane does not lie so much in the scientific attainments as in the deeply ingrained personal attributes of the physician. Some one has wisely and truthfully said, "Psychiatrists are born, not made."

The insane is not cured by medicine alone. We will quote again to confirm this assertion: "Nature too unkind, that made no medicine for the troubled mind." In the treatment of the insane every influence possible is brought to bear that will tend to produce that equanimity so essential to their treatment. The manner of the nurse in speech or action, and in all persons who come in contact with the insane; the food, exercise, reading, amusement, music and flowers; as well as medicines that cleanse out the toxins and remove all the influences that irritate the brain, or poison the general system, are all prescriptions for the insane.

We were called to a downtown rooming house at 7 P. M., July 3rd, 1916, to see R. D., Age 23 years, with the following history: Family history good.

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Father, mother and three sisters are all living and healthy. Family consisted of parents and four children.

This patient was a good, industrious and intelligent worker up to about ten months ago, when he contracted prodigal and dissipated habits. Last Fall he went into the jitney business in San Francisco, with a stand on Market Street. This venture was a failure, which was doubtless due to his vicious habits.

The latter part of last February he was taken ill with pneumonia, which subsided with a consolidation of the right lung. For this trouble he was advised by his physician to seek a higher and dryer climate and he came to Reno April 1st, 1916.

He stopped in a rooming house and took his meals in the various restaurants, and he immediately commenced plying his prodigal and dissipated habits with more impetus than ever before. One of his companions stated that R. D., could drink 80 or 90 beers during a night and not become intoxicated.

About ten days previous to July 3rd he eschewed all of his companions, ceased to drink, and stopped all of his viscious habits. From this time it was noticed that he was peculiar and this peculiarity was commented upon by all of his acquaintances. Previous to this period he was always pleasant, gay and convivial, and would spend his money like a prince. He would often shut himself up in his room for hours at a time. He would sometimes walk through the halls in a seemingly dazed state, and would speak to no one. He would sit or stand in the office, staring dreamily into space, and if spoken to, would answer in monosyllables. On one occasion, when loudly questioned if he was sick, he mentioned having neuralgia in his head and then his speech became incoherent.

This peculiarity progressed rapidly into a stuporous condition, which increased from day to day, till he neither noticed or spoke to any of his former acquaintances, and it was noticed that he failed to go out for his meals. His meals, consisting of soup, milk, eggs and so forth, were brought to his room, and were fed to him with a spoon, or by a glass, placed to his lips. He made no attempt to feed himself.

On my first visit I found the patient sitting in the office of the hotel, stupid and inert. His disorientation was complete in regard to time and place, but there seemed to be a very dim spark of a personality still lingering in his seemingly vegetative life. When he was asked his name, he replied by pronouncing these letters in a low tone of voice, and each letter separately, "D-A-L-K," but did not pronounce the name. He was asked his name twice during this visit and a like answer was given each time. All other questions relating to his life, age, home and parents elicited no reply, as he seemed incapable of comprehending. He was lead by two men to his room, where he was undressed and placed in bed, without the least resistance. He seemed to perceive nothing.

His physical examination revealed the following conditions: Pupils moderately dilated; knee-jerk was greatly increased; did not protrude tongue when asked, but was repeatedly and earnestly urged to do so. No resistance when either limb was handled, as there was complete passivity. Countenance betrayed no mental activity. Pulse was slow and small in volume, rate 58 per minute. Heart action weak. Surface of the body cool, but not cyanotic. Auxiliary temperature 97 2/5° F. Bladder was found greatly distended and was catheterized, drawing off a large amount of urine. Analysis showed urine to be normal in specific gravity, no albumen, no sugar. From this time the urine and feces were passed involuntarily. This date (July 3rd) was thought to be the 9th or 10th day of his illness, or from the time when he was first noticed as being peculiar and segregating himself from his companions and his other acquaintances.

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From this history and the physical examination, the case was readily diagnosed as acute or primary dementia and a favorable, but guarded opinion was given of the probable outcome of the case. This favorable prognosis was given because these rare acute psychoses usually end in complete recovery within a few weeks or months. Mendel, in his excellent little work on psychiatry, gives the rate of recovering at about 80 per cent; and of the remaining 20 per cent, some will terminate in secondary dementia; while others will die through some concurrent disease.

On the telegraphic advice of his parents, the patient was taken to St. George Hospital at noon July 4th. On July 5th the morning rectal temperature was 98° F.; pulse, 48 per minute. Evening rectal temperature 98° F.; pulse 50 per minute. The pulse rate continued slow (varying from 46 to 60 per minute) and the rectal temperatures were subnormal (varying from 97 2/5° to 99° F.) This condition continued till the evening of July 7th, when the pulse rapidly rose to 120 per minute, while the temperature still remained subnormal. July 8th the pulse rate still remained high, but fluctuating between 108 and 140, and in the evening of this date the rectal temperature rose to 102 2/5° F.

The patient died July 9th, at 2 p. m., without, during my attendance, exhibiting any mental activity, but on the contrary there was a continued state of mental and physical passivity.

Acute or primary dementia is the rarest of all functional psychoses and exhibits a profound stupidity and passivity. This stuporous condition is so constant and may be so profound as to mask or suppress any delusions and hallucinations, if there should be enough mental activity at the beginning to create these symptoms.

In the case under consideration all mental activity was totally suspended and he had only a vegetative existence from the time he first came under my observation till the time of his demise. Death occurred on the 16th or 17th day of his illness, as nearly as one could determine from the history.

These cases are usually the result of mental shock or from exhausting physical disease. In young females it has been known to follow a criminal assault or a rape. In persons of psychoneuropathic tendencies this form of acute insanity is liable to follow any severe and exhaustive somatic affection, injury, surgical operation, severe hemorrhage, and so forth. During my first year's residence in Reno I treated a case that followed a severe lingering and exhausting illness of typhoid fever. During my administration at the Asylum, several cases of acute dementia came under my observation and all of them completely recovered, with one exception. This case terminated in chronic dementia.

When death occurs in these cases it is either due to acute exhaustion and inanition; or to an occult and latent auto or other infection; or to some concurrent disease, such as pneumonia, tuberculosis, et cetera. No autopsy was permitted in the case reported.

With patience and experience we can eliminate the last tubercle from the lung, and almost all fibroid tissue in the great majority of pulmonary tuberculosis cases.—J. D. Gibson, N. Y. M. J.

The deadliest habit drug is cocaine, the most profound in its debasing action on the patient, in confirmed cases abolishing the moral sense.

Comparatively small doses of cocaine injected subcutaneously may occasion cardiac weakness and pain, sweating and prostration, with insomnia, in those unaccustomed to it.

Sparteine sulph. acts as a cardiac tonic, reviving the heart-beats and pulse; equal to digitalis or convallaria, its effects being more lasting.—*Med. Summary.*

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Hernia, Varicocele, Pyosalpinx, Prominent Ears Double Inguinal Hernia

A clinic at the New York Post Graduate Hospital May 2, 1917, reported by

ROBERT T. MORRIS, F. A. C. S.
New York City

Hernia and Varicocele.

Here is a man fifty years of age who recently observed that he had a right inguinal hernia coming on without pain and with very little disturbance of any sort. On the left side there is a marked varicocele which has existed for many years and which has caused a certain degree of degeneration of the testicle which has become flaccid. Is there any relation between the hernia of the right side and the varicocele of the left side. Perhaps so. The hernia which develops like that on the right side without attracting much attention until it is well into the scrotum is commonly of the congenital type and is following a patent peritoneal canal which has remained open since birth. A peritoneal defect of this sort may be shorter upon the left side than upon the right side which may account for the varicocele on the left side. Sometimes a little knuckle of the bowel will project just far enough into such a defect to interfere with the return flow of blood from the testicle and yet not progress toward a fully developed hernia. This cause for varicocle is not often mentioned in the list of causes, nor is congenital narrowing of the inguinal canal. In this particular case the patient is not so much interested in the etiology of his case as he is in practical disposal of its features.

On the right side we now proceed to do the regular Bassini operation, and on the left side I choose the method for disposing of the varicocele which consists in splitting the external wall of the inguinal canal and then ligating and removing a segment of vein mass of the varicocele.

The object in ligating the veins at this site is to allow us to relieve any abnormal narrowing of the inguinal canal or to dispose of any small congenital peritoneal pouch. In this particular case we do not find either one of the two conditions present, but we have at least disposed of the varicocele.

Pyosalpinx.

The patient tells us that an Alexander operation was performed about a year ago and that she had suffered more since that time than she did before the operation. That used to be a common complaint of patients in the days before the Edebohls modification of the Alexander operation was introduced. The Edebohls modification consists in always opening the peritoneum before drawing up the round ligaments, in order to determine if there are adhesions which must be first broken up. If this is not done patients will often suffer more after the performance of an Alexander operation than they did before. An examination of the pelvis in advance of operation in this case showed the presence of a retroverted uterus containing a small fibroid mass in the fundus and also a mass, tender on pressure, including the adnexa. A midline incision reveals very firm adhesions which have buried the largely distended oviducts.

The oviducts when shelled out of adhesions and opened are seen to contain

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purulent fluid, apparently not of the sort belonging to gonococcus infection. We will take a culture which likely enough will show the colon bacillus as an infective agent, possibly the tubercle bacillus. I judge it is not the latter because in tuberculosis of the tubes the walls are usually much thicker and very friable with interstitial exudate. The ovaries we will spare in order to avoid precipitated menopause. It is best when possible to spare at least one ovary or a part of an ovary so that the patient may have the benefit of its internal secretion. In this particular case we shall not pay attention to the small uterine fibroid. The operation has been rather severe and the "safety first" idea would consist in not meddling with a small fibroid which may never become important. It is a question if we need to drain. A good deal of purulent fluid has been spread about in the peritoneal cavity and I have not taken the pains to flush or wipe it out. That standpoint belongs to the fourth era of surgery: the physiological era in which we turn the patient over to herself. We give her home rule, and allow her to dispose of infection better than it could be disposed of by extensive washing and wiping which would cause a certain amount of shock and thus lessen the ability of the patient to dispose of infection by means of her own defense mechanism. Perhaps it will be best in this case to put in a small wick drain which will be removed at the end of twenty-four hours and which really will not interfere with primary union of the wound.

Prominent Ears.

The young man who comes next on our list this afternoon has prominent ears constituting a deformity. Aside from cosmetic advantage there is a very good reason for setting back ears which are too prominent. In the winter time when hard winds are blowing such ears sometimes deflect the current of cold air into the external auditory canal in such a way as to cause inflammation which may become a menace. We will care for the right ear first. A little pellet of cotton is placed in the external auditory meatus in order to keep iodine and other sterilizing fluids from entering during the course of preparation, also for the purpose of keeping out blood which might otherwise form a clot in the ear, difficult of removal. This little point in technic is important. The helix is now drawn forward until it is put upon the stretch and with a scalpel I make an elliptical incision which includes the most prominent part of the ear and extends out over the mastoid region, so that a segment of skin of equal size over ear and over mastoid region is removed. This exposes the cartilage of the ear. An outline cut is made through the cartilage with a scalpel and this cartilage is then separated from the skin of the anterior part of the helix with a periosteal elevator and then cut away with scissors. The next step consists in puncturing the skin of the anterior part of the helix with a scalpel so that when the ear is laid back and sutured in place blood clot will not collect beneath the loose skin. This also is a very important part in technic. Last of all we carry the ear back into position and suture the skin of the ear to the skin of the mastoid region following the wound line. Another small point of consequence in technic consists in placing a single layer of iodoform gauze between the helix and mastoid region behind and then packing the helix in front with loose iodoform gauze, taking great pains not to block the external auditory meatus. The head bandage secures all snugly and at the end of a week the dressing is to be removed. In a case of this sort if primary union is missed little harm is done, for when the wound granulates the ear may be pressed back so as to secure secondary adhesion.

Double Inguinal Hernia.

The ordinary steps of the Bassini operation are performed, requiring little

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description and no comments beyond the point that Kangaroo tendon is to my mind distinctly the suture material of choice. It remains for about thirty days before absorption is complete and it is so benign that very little irritation of the wound is caused by this particular suture material.

What is the Matter with the Doctor?

JOHN GILBERT, M. D.
York, Pennsylvania

What is the matter with the doctor? Why does not he offer his services to his country at this time?

Organized medicine has for the past few months been urging him to join the colors with, I think, the net result at this date of about five thousand applicants. In the east there have been several organized efforts to induce him to join, but in view of the above figures, they cannot be said to have met with must success.

I believe one of the reasons is, that our people as a whole, have not taken the matter to heart personally. They seem to act as if it is a matter that can be left to their neighbor, and the neighbor in turn, passes it on to the next. We Americans are too apt to regard our government in a sort of impersonal way, on the one hand, or if we take it seriously, are just as apt to figure out just how profitable a political job we can pull out of it.

Some time ago, the writer received a long letter from one patriotic organization that covered two closely typewritten pages, in which was set forth I know not what. But the last two paragraphs of the communication said "rest assured, if you join us, you will not be called upon to engage in any arduous service, nor to make any material sacrifice."

Now mind you, this was before war was declared. If that paragraph meant what it said, what in the name of all that is sensible was the use of that organization? In common parlance, it sounded like hot air, and many regarding it as a safe proposition, joined.

It is the old idea of impersonality toward our government, and that in spite of the fact that we, one and all, are more intimately associated with our government than any other people on earth.

Our present President was, only a few years back, a private citizen, if one who presided over a famous university could be called such, and there is no reason, under our system, that any one of our citizens might not in the next few years occupy his high office.

The point we wish to make is that this government is ours; its benefits, its trials. This war is ours, to win or to lose. Within a short time several millions of men, our neighbors, our friends, our sons, our brothers, will be gathered in mobilization camps in various parts of the country. If we do not volunteer these men will die, many of them of preventable diseases; and the fault will be ours. When ex-President Roosevelt made this or a similar statement before the American Medical Association in New York the other day, coupled with the plea that the surgeon general be given power to commensurate with this responsibility, he was greeted with applause. Applause no more wins battles, nor cares for the sanitation of camps, than does patriotic vocal gymnastics. And Mr. Roosevelt came very near saying so.

Not only should the Surgeon General be given power over the doctors in the Army, but he should have the same power over all of us. As a profession, everyone of us should offer our services, and in offering, offer them in such a way

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that there be no strings to the offer. To apply for a commission, and then refuse to accept it, is puerile, if it is not some things infinitely worse. If all offer, then there can be no excuse on the part of some if they go, especially those in isolated outlying districts that they cannot leave their patients, for with all enlisted in the cause, the authorities at Washington can arrange for the care of these people out of the surplus of old doctors living in the cities, and unfit for active army service.

Some will no doubt say that these men will be overworked. That is true. So are soldiers; and soldiers now are of infinitely more value than any other class of citizens. They give their lives for their country in many cases, so what matter it though others drop dead in their tracks. It is for the cause, and until we recognize that cause, we cannot win. Somehow or other we have been lucky, and somehow or other we have been accustomed to rely on that luck. But now we are up against a proposition where pluck, not luck, will be the thing that counts. We are opposed to the very greatest military power that the world has ever seen, and one of a calibre that takes no chances. Neither must we.

Can it be that the doctor is a coward? From the nature of his services and the risks that he takes daily, there is no reason to think so. He has the same degree of bravery as has any other man of similar intelligence; no more, no less. But if he goes to the Army and places himself under military discipline, does he ask too much when he insists that he at home submit himself to the same condition?

There is no use of delegating this authority to committees of citizens. It will not work. There will be conflict of authority, personal favoritism, and all the train of evils that follow such an arrangement.

Therefore, give the Surgeon General authority not only over the doctor in the Army, but over the whole profession. Let him place men where they are of the most use. Then, and only then, will there be fairness, and only then will all physicians bear the equal burden of this war. A few will not get rich at the expense of the many. It is all very well to say that, as one paper did, "the physician who bears no added burden on account of this war, and who becomes richer because of it, reflects no credit either on his profession, his country, nor himself." Follow this plan and he will neither escape his just burden, nor become unduly rich.

This can only be accomplished in one of two ways. Either the physicians, one and all, will come forward and offer themselves freely, or the government will take whom it wants. The former is the patriotic, the right way, and the latter is one that will "reflect credit neither on his profession, his country, nor himself."

Any physician who suffers from a condition that is amenable to surgery, should be operated upon, and then apply for services where he can do the most good. The proper authorities would determine where.

373 West Market Street.

The *Critic and Guide* goes the limit in advocating the interests of Germany.

From the health standpoint, the value of the school lunch service to the children of Chicago cannot be overestimated.—John Dill Robertson.

Concussion troubles following such accidents as explosion of shells: Most are due to emotional shock, fear or obvious anxiety. The mechanism is that of conscient subjectivity. Complete cure is not even aimed at. Isolation, re-education and persuasive psychotherapy, encouragement and gentleness do best in emotional forms. In functional cases due to suggestion, isolation, rest in bed, privation of leave, letters and visits.—Dejerine, *Le Monde Med.*

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More About Insanity

HOWARD CRUTCHER, M. D.
Tularosa, New Mexico

Years ago I met with a venerable, harmless old nobody who appeared to have condensed into his own runty physique nearly all of the immensities of time and space. If I spoke to him of the merited fame of Sims, Mott, Gross or Pancoast, he always gave me a quizical smile and reminded me that I could beat all of them operating, since I had enjoyed the immeasurable advantages of their hard-earned experience. If I referred to Austerlitz, he was sure to bring up Waterloo. When I spoke of Frederick the Great, he pointed out certain mistakes of the great soldier which might easily have been avoided. During the Pensinula Campaign of General McClellan he lost a horse, shot through the gluteal region, as I learned after some quizzing. He was a member of the Eleventh Corps of Hooker's army and was one of the first to break the news in Washington that the Federal army had suffered a serious defeat at Chancellorsville.

After the close of the Civil War he decided that the time had come to make some money. He bought a sandy tract of land somewhere in the West and without much effort learned that the whole area was underlaid with a layer of pure gold. The weight of the mass was so enormous that it was wholly unprofitable to mine it, so he gave it up in disgust and planted cabbages instead. He soon became a millionaire in his wife's name. But the thirst for gold never left him. He saw the glittering metal in his dreams and talked of it throughout his waking hours. He ate brown sugar because of its color and declared that yellow sand was burdened with uncounted millions of the precious metal. One day he bought a patch of cactus and sage brush from some discouraged homesteader and assured me he had made another million, since the land was slowly settling toward the center of the earth by reason of the excessive quantity of gold underlying the barren surface. He devoured pumpkin pie, because of its color rather than its flavor, I suppose. He thought that yellow horses could outstrip quadrupeds of any other color. He knew where there was a "whole mountain of pure gold."

If he was a Titian in finance, he was assuredly a Hercules in politics and statecraft. In 1868, while serving as chairman of some precinct committee in Nebraska, he nominated and elected General Grant President of the United States. During a serious food shortage in Ireland he sent to the suffering sons of Erin a printed formula for boiling potatoes. Many people sent them nothing at all. He was full of racial hatreds and beset by the most whimsical fancies. He delighted in telling large stories and in perpetrating small swindles. One day he ran off from a companion in a hunting trip and, filled with terror and confusion, reported to the lost man's family that he had become suddenly insane. He abhorred tobacco in theory but always accepted with delight a sample of the soothing weed when tendered by a bystander. After forty years of crazy antics and insane mutterings it suddenly dawned upon certain people that the old man was a harmless old freak, cunning enough to avoid the state's prison and perhaps in the long run no worse than some of the more pretentious rascals whom he swindled with a gentle smile while they were trying to defraud others with a sombre frown.

After all, this case requires no deep insight into the mysteries of psychology

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for its solution. The old man was born with a dull brain and maple sap conscience. What little mind he had was never trained. He loved power as a young bull does a rotten worm fence. Some passing fancy led him to believe that money gave vast power, ignoring the sombre fact that money is as inert as sand without the directing force of a strong mind and a determined purpose. His avarice soon grew into a monomania for hoarding gold for its own sake instead of for its nobler uses in promoting earthly usefulness and human happiness.

Draughts of Air

J. G. B. BULLOCH, M. D.
Washington, D. C.

It might appear strange that people will accept an idea promulgated by others, were it not so well known that the human family is very gullible, and will accept many ideas propounded by persons, especially if these individuals be in the public eye.

Now in the matter of fresh air we notice this tendency and there does not appear the ability to differentiate between pure air and cold draughts, which latter chill the body and cause a circulation of germs and dust, which is quite apparent, when it is noticed that the windows inside of a building are apt to accumulate dust, due to the stirring up of the air, and thus produce harm to its inmates. Cold will produce congestions. What we desire is the attainment of the equilibrium, not too warm nor too cold. The subject is best illustrated by the following letter from my friend Dr. Alleger, an experienced bacteriologist:

April 14, 1916.

Dear Doctor Bulloch:

Thus far I have been unable to find the records of the experiments I made in testing the value of formaldehyde as a gaseous disinfectant.

Regarding the deleterious effect of stirring up currents of air in the room, I have a very vivid recollection, but in the absence of my notes I cannot give the percentage of the solution I used.

One of the methods I employed was to pour cultures of diphtheria bacilli in agar into Petri dishes, spray the surface with formaldehyde sprays, and place the dishes in the incubator for observation.

No growth of any kind developed on the plates on which I had sprayed strong solutions, the growth of the diphtheria bacilli planted in the plates being inhibited, as well as that of any other bacteria that may have been introduced.

With plates on which weak sprays had been directed the result was very different. The diphtheria bacilli in these plates developed. If the spraying was done under a protecting hood, hardly any of these plates showed the growth of any other organisms. If, however, the spraying was done in the open room the plates were badly contaminated, a large number of bacteria from the air of the room being taken up by the currents of air set in motion by the spray and directed on the plates.

The lesson taught was that currents of air contain many more bacteria than the undisturbed air of the room.

The experiments made it clear that the old antiseptic surgery, where an antiseptic spray is directed on the site of an operation, is bad, unless a stronger spray is used than is practicable, and that it is best, after thoroughly cleaning the operating room a few hours before the operation, to allow the air thereafter to

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remain quiet and be disturbed during the operation as little as possible.

They suggested that in living rooms and places of assembly it is best to have constant, gradual ventilation and avoid strong drafts. For to let in sudden drafts of air from without—even though the air be relatively pure—is injurious in that it has a tendency to suddenly chill the body and check invisible perspiration for the time being, and to stir up sleeping bacteria, sweeping them from the floor and the surfaces of furniture into the air, thereby greatly increasing the bacterial content of the air we must breath.

Do not misunderstand me and think I believe in restricted ventilation, for I do not. But I do think that free ventilation should be secured without creating sudden drafts and violent currents in the air of the rooms in which we work or live.

Cordially yours,
Walter W. Alleger.

Syphilis and Glycosuria, and the Aid of Therapy in Diagnosis, with Case Report

SAMUEL E. EARP, M. S., M. D.
Indianapolis
Proffessor Clinical Medicine, Indiana University School of Medicine, Clinician in Medicine Indianapolis City Hospital

Very briefly the following clinical report will illustrate some features of unusual importance. Therapeutic evidence would indicate that the glycosuria was of luetic origin. The pain was due to an infection which had as a source pyorrhea or lues, perhaps both. The absence of a positive Wassermann until the patient was iodized, clouded the diagnosis. Therapy was a valuable aid, not only in the diagnosis but in the restoration to health of the patient. So important did I consider these factors that I utilized this patient at a clinic held before a session of the Indianapolis Medical Society.

J. M., male, white, age 67, entered the hospital Nov. 17, 1916. Married twice and last wife has had good health for twenty years. Former wife died from cause unknown to patient. Only two points of importance noted in previous history, namely, has had gonorrhea and more than a moderate drinker of a variety of alcoholics. Denies syphilis. Heart and lungs negative but patient deemed prematurely old, and from his appearance, other patients in the ward gave him the name of Santa Clause.

The condition upon admittance showed a well marked pyorrhea, right arm, knee and shoulder painful and swollen with some redness, temperature 102 F., respiration and pulse accelerated. Occasional pain in the long bones of the extremeties. A purple scar on the right leg, middle third of tibia. The left leg was deformed. There had been a fracture at the upper third of the femur ten years ago. Before complete recovery a second fracture in the middle third, and at its site a "chicken-anus" scar, with purplish tint. In reply to question patient said dead bone came from the former wound but not now and recovery was complete except an exaggerated deformity showing the bones had not been correctly placed in apposition, the fault of the patient. The examination of the urine showed a specific gravity of 1035, albumen negative, sugar 24 grains per day. Four Wassermann, negative. Large dose of salicylate of sodium by mouth and rectum, emetine and diabetic

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diet gave no favor in the betterment of the patients condition. The patient was assigned to me Jan. 1st, 1917, the beginning of my regular clinical service for the year.

Jan. 11, 1917, sixty grains of iodide of potassium were given three times a days and continued three days. On the 17th and 18th three doses in same quantity and in a like manner were given. On Jan. 19 the Wassermann was positive (4 plus). The continued treatment consisted of 40 grains of iodide of potassium three times a day and hypodermic injections into the gluteus muscle on the right of bencoate of hydrargyrum. Jan. 30, the specific gravity of the urine was 1015, only a trace of albumen, no sugar. Pain and swelling of shoulder, arm and leg relieved. March 17. The patient is in good condition and can do light work. Several pages might be consumed in calling attention to interesting features in the pathology and especially the etiology related, but the intelligence of the reader will cause a studied review of the subject.

634 Occidental Building.

Since contributing this report in March I find the following item in the J. A. M. A. of April 28.

DIABETES AND SYPHILUS

Jacob Rosenbloom, Pittsburgh (*Journal A. M. A.*, April 28, 1917), offers data in regard to the connection between syphilis and diabetes, which has been advocated or pointed out recently by Warthin and Wilson. It is quite possible, he says, that syphilis might cause diabetes by producing a specific lesion of the brain, especially of the medulla and it also might cause diabetes by its action on the blood vessels of the pancreas and secondary disease of pancreatic gland tissue. He gives a table of sixty-two cases of diabetes mellitus he has studied, seven of which he found to have positive evidence of syphilis. Five of these seven were persuaded to take syphilitic treatment and he cannot state definitely that the diabetes was due to the syphilis, since there was no increase in tolerance for carbohydrates following the specific treatment. He thinks it logical, however, to think that they exist as in independent conditions.

THE SEA-SHORE

The waves roll toward their imprisoning shore.
Their voices, tones and overtones all blend
To form one constant wordless cry,
Alike, when stars are clear and bright
Or dark and clouded over. It sounds
At dawn with rising sun, with sunset and with twilight,
At blackest midnight or at noon, in placid calm or
Mid the swirl and smash of wild tumultuous tempest.
For all the time that spreads
From that first day wherein the dawn declared it day
Until that final night which shall declare no dawn
Those myriad murmurings, like Inferno's denizens,
Mix sob, sigh and song with their gloom.
Yet sob and sigh, and song and gloom form but a single tone,
One solemn minor unison, the music of our sphere
And keynote of eternal pain.
Once in a hateful hour my day was turned to night.
And left me wandering on this shore, alone,
Until I've learned the music of the waves. And now
I've set their wordless song to words, and sing it,
From a heart that burns, through lips that moan.
It has become my hymn of praise, my fervent prayer;
But all its words hold this one plea—
"That no one may remember me."

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MULFORD
FOR THE CONSERVATION OF LIFE
LABORATORIES

Fall Hay Fever

Hay Fever Pollenin Fall Mulford

(Formerly Hay Fever Vaccine Mulford)

is indicated in the prevention and treatment of Fall Hay Fever. **Hay Fever Pollenin Fall Mulford** contains the protein extracts obtained from the pollens of ragweed, golden-rod and corn, and is indicated in hay fever occurring in persons susceptible to the several pollens.

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(Formerly Hay Fever Vaccine Ragweed Mulford)

consists of the protein extract obtained from the pollen of ragweed—the cause in a majority of cases of hay fever occurring in the Fall—dissolved in physiological saline solution and accurately standardized.

Hay Fever Pollenin Fall Mulford and Hay Fever Pollenin Ragweed Mulford are furnished in:

Packages containing 4 sterile glass syringes of graduated strengths, $5.00
In single syringes "D" strength, $1.50

Syringe A contains	0.0025	mg.	extract	of	the	pollen	proteins	
" B "	0.005	"	"	"	"	"	"	
" C "	0.01	"	"	"	"	"	"	
" D "	0.02	"	"	"	"	"	"	

In ordering specify "Hay Fever Pollenin Fall" or "Hay Fever Pollenin Ragweed" as may be desired, otherwise the Hay Fever Fall Pollenin will be supplied.

For Immunization and Treatment of Hay Fever, first dose (Syringe A) should be given at least 30 days before expected attack, followed by syringes B, C and D at five-day intervals; during the entire period of accustomed attack or until immunity is established treatment should be continued, using Syringe D.

There are no contraindications to the therapeutic or prophylactic use of Hay Fever Pollenin Mulford as far as known. Should a clinical reaction occur, characterized by rise in temperature and aggravation of symptoms, the next dose should be decreased.

Full literature mailed upon request.

H. K. MULFORD CO., Philadelphia, U. S. A.

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THE ARMY MUST HAVE 20,000 DOCTORS

And that word "must" means just what it says, to the very last letter, and we of the medical profession should see to it that the army is supplied with its wants—in fact, its needs—and that immediately.

At present there are the following physicians under commission in the various land forces of the country. In the regular medical army corps there are less than 500. There are about 2,500 in the medical reserve corps, and approximately 800 in the militia, or a total of about 3,000, when we *must* have not less than 20,000.

All men working in the reserve corps are commissioned officers and with the ranks of First Lieutenant, Captain and Major, with respective pay of $2,000, $2,400 and $3,000 a year, and no physi-

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cian is commissioned lower than First Lieutenant.

Elsewhere in this issue you will find an application blank, which we ask to give your intention, and after having given it such attention we suggest that you fill it out and go with it to your nearest examining board and signify your intention of going into the medical reserve corps. Elsewhere you will find a list of such boards, with the names of the men in charge.

In making your application there are several things to take cognizance of, and which are as follows:

First—The application after being filled out, must be sworn to before a notary public.

Second—It must be accompanied by a county clerk's certificate certifying to the fact that the applicant is a licensed practitioner.

Third—Two letters from citizens testifying to the character of the applicant must accompany the application.

But don't make this application unless you are sure, within your own mind that you will receive and accept your commission and that you will answer every call made upon you subsequently. As we read somewhere a day or two ago, the time to get "cold feet" is before you have signed your application and not after you have been commissioned and have received your orders to move.

This is a great national crisis and a time when everyone of us must do our bit. We must not ask our neighbor to do our fighting for us, if we are physically able to do it for ourselves. Of course, the doctor is not a fighting man, but without him, those who fight will not last. Looking at the matter from either a patriotic or selfish standpoint, the reasons for your going into the army are sensible, and to the very last letter of that word.

A word to the wise. Conscription is ruling in the ranks. Do we want anything of the sort in our profession? We believe you will say no to this, but if we do not do something, and do it quickly, that is bound to follow, for if the profession will not, of its own accord, act, then we may look for a draft. There are rumors of this already in the air. So we say, after reading the application carefully, fill it out and take it with the other things mentioned above, which are required to your nearest examining board and enter the fight for liberty and justice, not only for yourself, but the whole world.

INFORMATION PLEASE

One of our correspondents writes that the J. A. M. A. on page 1917 contains the following words:

"If epidemics develop among our troops in this war similar to those which occurred during the Spanish-American war and large fatalities result, the Medical Department of the army will be criticised; at the same time it may be as innocent as it was in 1898. * * * Now it is reported that plans for some of the great cantonments for the half-million men who soon are to be taken from our citizenship were finished without consultation with the surgeon-general's office."

Then again on page 22, the J. A. M. A. refers to a subscriber's wife who reads the laxatives and sedatives.

Our correspondent asks us to show him which is the laxative and which the sedative in the aforesaid editorial.

We cannot make it all out and our ambiguity expert is on a vacation; but we can say that Colonel Roosevelt and some other troops which occurred during the Spanish-American War were not allowed to occur during the present war with its taking from our citizenship.

We do not pretend to know anything about this matter at all; all we can say is that the dispenser of cloudy English has returned to Chicago with renewed vigor in the pursuit of his chosen calling and is using his "special knowledge while there is yet time to apply that knowledge." It appears that the line officers have been very bad and the Medical Corps should be responsible to the

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Secretary of War—not to some line officer. Why not put the whole matter in the hands of Chicago so that the country may sleep nights. Then we can at least be certain sure that an epidemic like rat-bite fever will not occur from snake bites. That is something, in times like these when "taking from our citizenship" is likely to occur at any unguarded moment. Even then our criticism is as likely to be "as innocent as it was in 1898," or as innocent as the criticism of that Biopsy Board Bulletin which states that the House of Delegates is not the place for scientific discourse and yet that House of Delegates declares by a large majority that the common domestic remedy for snake bite is no good. Chicago is a leader, or rather the great original leader, in educational matters and what she says goes. Her Mayor attempted to jam his School Board through the Council and the Council threw books at him until he stopped jamming and fled. Did New York ever make a stand for education like that?

THOSE WHO TELL US WHAT TO DO

Having in mind the many things which have been told the medical profession, by those not directly connected with either the army or navy, a friend of ours asked a navy man what he thought of it all. His reply, in substance, was that the most useless people that we have in the country are those who go around telling people what to do. All they really accomplish is to interfere with the workers and upset the really good plans of the efficients. They slow things down, add to the confusion, but do nothing more. They tell you one thing one day and another the next and get no where. He went on to say that even the most efficient men go to pieces when subjected to interference and that, if there was an unpardonable sin, it was ignorant interference.

And we have been told what to do, in time and out. We have been told so many things that we have almost gone wild trying to get some of them to stick in our heads. And we have been told by men whom we felt, in our minds, knew no more about the subject than did we ourselves. We have, like the man from the navy, thought all along that there was a lot of ignorant interference. That that interference was rather in the shape of barnacles which retarded brisk motion in coming to some definite conclusion as to what might, or might not, be expected of the medical profession in this hour of great need. Now it may be all right and proper to have barnacles attached to the medical profession, but when it comes to the country at large, and more especially when *action* is the thing of prime importance, it seems to us that to attach any such thing to the ship of state is worse than an unpardonable sin. And especially when there is existent a state of war.

Seems to us that it would be better to let those who know, who really know, tell us what to do. We would not, at the very least, get half-baked information. And some real efficiency might result.

TOLD YOU SO

It is human to crow a bit when one's predictions come true—and we are very, very human. For many years we have seen the German head swelling, and the German arrogance growing; we sensed the danger and sought to combat this evil tendency somewhat. We saw the good work done in France and Italy, and tried to direct attention to it; we saw the German insensibility to suffering becoming more manifest, the German tendency to exalt himself and despise all the rest of humanity; and we dimly felt the peril that was growing. The Germanophilia of our members who resorted to the Teuton schools, and learned to imbibe beer, smoke furiously, worship Berlin and be ashamed of their birthplace, disgusted us so greatly that we refused to go across the water to partici-

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pate in the advantages that unquestionably were to be there enjoyed.

To patent a discovery and make a million out of the necessities of the sick was all right for a German, all wrong for inferior races. To gouge millions out of the suffering for dollar phenacetine was correct if a German did it, but a mere American must let his invention be killed by incorrect manufacture because he could not control it in any ethical manner—*vide* the Murphy button, the Porter stethoscope.

It did not seem to us that a generous appreciation of all the good work done by the Germans was sufficient excuse for the snobbery displayed toward them by the men who crowded the classrooms at Berlin and Vienna. It does not seem right now. And this same meek acceptance of the assumption of German superiority is largely responsible for the frightful outbreak of German egotism under which the world labors today. It was perfectly natural for these men to assume that, as the world acknowledged their superiority in all else, it would likewise accept political domination at their hands. Non-Germans were an inferior race, decadents and undeveloped, and the greatest blessing they could have would be to make them slaves to the super-race.

Truly it got on our nerves, so that whenever we heard the name of Jaksch cited at a meeting we quietly left for home. Why could we not have credited Germany for her grand work, and yet kept down her swelling megalocephaly by insisting that due credit should also be rendered to other people who did things worth while?

AFTER READING LAO TZE

We wonder if the Kaiser ever knew of that "heathen Chinee." If he did, we wonder if he ever read, "A military expert used to say: 'I dare not act as host (who takes the iniative) but act as guest (with reserve). I dare not advance an inch, but I withdraw a foot.'

"This is called marching without marching, threatening without arms, charging without hostility, seizing without weapons.

"No greater misfortune than making light of the enemy! When we make light of the enemy, it is almost as though we had lost our treasure—(compassion).

"Thus, if matched armies encounter one another, the tenderer one is sure to conquer."

And Lao Tze was born and lived in the sixth century before Christ. He was a "heathen Chinee," but it seems to us that his mind was a greater mind that that of the Kaiser, for all the latter's Kultur.

And the Kaiser might read the following, also by Lao Tze, with considerable profit:

"He who excels as a warior is not warlike. He who excels as a fighter is not wrathful. He who excels in conquering the enemy does not strive. He who excels in employing men is lowly.

"This is called the virtue of not-striving. This is called utilising men's ability. This is called complying with heaven—since olden times the highest."

The Kaiser and Lao Tze do not seem to agree, for the former is all the latter says should not be. If Lao Tze is right, we can see the ultimate downfall of the Kaiser.

STEDMAN NOT A JOKE, BUT A JOKER.

In setting up the "head" for the little editorial on page 22 of the July number of this journal, the compositor made an error nad left out the "r" in "joker," and the proofreader overlooked the omission. Dr. Stedman is not a "joke," but at times he is considerable of a "joker," and that was what we were endeavoring to convey when we wrote that little thing. We apologize to Dr. Stedman and beg to assure him that we do not think he is a "joke," not for a minute.

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EXAMINING BOARDS FOR MEDICAL RESERVE CORPS

The following is a list of medical boards as appointed up to June 5. The name and address of the chairman of the board only is given. It is presumed that applicants will select the board most accessible to themselves, even though this may mean a board is another state:

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Birmingham—Capt. John M. Lowrey, M.R.C., 727 First National Bank Bldg.
Mobile—Capt. John O. Rush, M.R.C., 412 Van Antwerp Bldg. (also O'Gynn and Kilpatrick.)
Montgomery—Major J. N. Barker, M.R.C.

ARIZONA

Douglas—The Surgeon, U. S. Troops.
Ft. Huachuca—The Surgeon.
Naco—The Surgeon, U. S. Troops.

ARKANSAS

Hot Springs—Commanding Officer, Army and Navy General Hospital.

CALIFORNIA

Coronado—Major William L. Kneedler, U.S.A., Retired.
Los Angeles—Capt. John J. Kyle, M.R.C., 702 Title Insurance Bldg.
San Francisco—Commanding Officer, Letterman General Hospital, Presidio, San Francisco.

COLORADO

Denver—Capt. Cuthbert Powell, M.R.C., Metropolitan Bldg., President.
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Trinidad—Lieut. John R. Espey, M.R.C., Main and Walnut Sts.

CONNECTICUT

New Haven—Lieut. John W. Churchman, M.R.C.

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Washington—Major Abram B. Hooe, M.R.C., 1220 Sixteenth St., N.W., President (local only).

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Ft. Barrancas—The Surgeon.
Jacksonville—Capt. Graham E. Henson, M.R.C., St. James Bldg.
Key West Barracks—The Surgeon.
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Ft. Oglethorpe—The Surgeon.
Ft. Screven—The Surgeon.

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Portland—Dr. William L. Cousins, 231 Woodford St.

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PHILIPPINE ISLANDS

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TWO ALTERNATIVES AT WAR TIME

Captain McBride has sent to the editor the folowing litany, which was given him by a French general while he was in the service on the western front:

You have two alternatives—either you are mobilized or you are not. If not, you have nothing to worry about.

If you are, you have two alternatives—either you are in camp or at the front. If you are in camp, you have nothing to worry about.

If you are at the front, you have two alternatives—either you are in reserve or you are on the firing line. If in the reserve, you have nothing to worry about.

If you are on the firing line, you have two alternatives—either you scrap or you don't. If you don't, you have nothing to worry about.

If you scrap, you have two alternatives—either you get hurt or you don't. If you don't, you have nothing to worry about.

If you get hurt, you have two alternatives—either you get slightly hurt or you get badly hurt. If slightly hurt, you have nothing to worry about.

If you get badly hurt, you have two alternatives—either you recover or you don't. If you recover, you have nothing to worry about.

If you don't you have done with worry forever.

There's something in this litany which those who are facing conscription might absorb with profit; there's something in it for those of us who may be left behind to help make the bread and butter. Two alternatives—be a whiner and worry, or be worth while and cheer up.—*Elkhart Truth.*

LEAVING FOR FRANCE

Dr. Tom A. Williams, of Washington, D. C., and one of the popular contributors to the Western Medical Times, has advised us that he is leaving for France, where he will enter the French service as neurologist. He expects to return in October, 1918, and until that time he hopes that all patients and communications will be referred to Dr. E. G. Mitchell, 15 7th St., N. E., Washington, D. C., who will care for his practice. We hope to be able to make arrangements with Dr. Williams to send us occasional reports from the French front.

French physicians treating 254 cases of emebicdysentery in Morocco, find emetine much the best remedy.

Lose the fear of the dry steam-heated atmosphere, go out into the 100 per cent humidity of the outdoor air with the same equanimity that one enters the bath tub, and forget the foul evaporating pail all the time, as it is certain to be forgotten part of the time anyway.—A. L. Benedict, A. J. C. M.

J. W. Lorenz (Ellingwood's) tells of an apparently stillborn babe resuscitated by dilatation of its anal sphincter.

With the therapeutic nihilist, the truth is plain that he is either dishonest or ignorant.—Ellingwood.

When other treatment had failed to stop a miscarriage, viburnum given in dram doses hourly succeeded in saving the little life.—Ellingwood.

Naturally the retailer would rather have the profit reaped by the manufacturer; but where do we doctors and our patients get off?—A. J. C. M.

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BOOK REVIEWS

NOTICE:—It will be the pleasure of the WESTERN MEDICAL TIMES to furnish any book, reviewed in this department, to its readers at the publisher's price, delivery prepaid. If any single order covers two books, the purchaser will be given in addition, a year's subscription to the WESTERN MEDICAL TIMES, providing the publisher's price for the two is $5. or more. If you desire any one of the books priced at $1., you may have it absolutely free if you will send us $2. to cover a subscription of one year for the TIMES. Address your orders to the Advertising Manager, 138 North Center Street, Reno Nevada.

THE SURGICAL CLINICS OF CHICAGO, Vol. 1, No. 2 (April, 1917). Octavo of 227 pages, 99 illustrations. Philadelphia and London: W. B. Saunders Company, 1917. Published bi-monthly. Price, per year, paper, 10.00; cloth, $14.00.

For the benefit of those who would have us believe that sections of cancerous growth, or growths suspected of malignancy, should be removed prior to the time of complete operation, we believe it is proper that we quote Oshner's remarks, relative to a mammary carcinoma which he is exhibiting at his clinic. He has the following to say:

"I would also strongly caution the doctor against removing a portion of the growth for the purpose of making a microscopic examination unless this were done by means of the electric cautery or the Paquelin cautery, *because I have encountered many cases in which the removal of a small portion of a growth was followed by death of the patient from metastasis* (italics ours—reviewer).

If there were nothing else of value in this number of the *Clinics*, this one item would repay the physician, many times over, for his annual subscription. It bears out what has been said, time and again, but which has recently been practically disputed.

But this is only one of the many good things to be found in the April *Clinics*. The same surgeon cites another case—that of intra-abdominal strangulated hernia—and gives the technic of operation.

Almost thirty subjects are discussed in this number and it is out of the question, in a short review, to bring out all of the points of value in anything covering so much ground and so many different subjects. Every contributor offers something of interest and not one single item in the entire book should be overlooked, either by the surgeon or internist. The latter will, if he will study the pages of this book, get a better understanding on many cases coming under his observations, and through its teachings, it is possible that he may be able to afford his patient relief without calling on the surgeon for aid. At any rate, he will be able to recognize what condition he is confronting and thus be able to assist the surgeon in the making of a proper diganosis. Furthermore, it will enable him better to judge as to whether the surgeon is instituting proper methods. This number of *Clinics* is equal in every way to the first, if not better.

INTERNATIONAL CLINICS, Volume II, Twenty-seventh Series, 1917. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Medical and Surgical Subjects, By Leading Members of the Medical Profession Throughout the World, Edited by H. R. M. Landis, M.D. More than 300 pages, illustrated. Cloth, Price $2.00 net. J. B. Lippincott Company, Publishers, Philadelphia and London, 1917.

As has been announced, we see a new departure in this Volume of the Clinics, in that it has been made true to its name, through the advent of many first hand clinical lectures, delivered in several of the leading hospitals. This feature, we believe, will give an added interest to this quarterly, as it will give the reader ideas which very frequently are omitted

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from didactic lectures and articles—the little things that one sees at the bed side or in the operating theater. It serves to bring out the many points which one rarely finds in the text-book, the things, little in themselves, but which by multiplicity make those which are big and which every physician and surgeon is discovering every day. And then too, a clinical lecture is a practical thing and not so liable to be filled with dry rot as is a didactic or theoretical article or address. The language, being that of off-hand delivery, may not be as beautiful as is the carefully thought out article or lecture, but it seems to get to the point and that point seems to stick in the memory of the reader or listener both better and longer. Such a number of varied subjects are considered in this volume that a short review would not suffice to give any one of them proper justice, so we will just say that, as a whole they are both interesting and profitable reading, the sort of reading that will make all of us better doctors. So many subjects are discussed that no matter in what line of work you may be interested, you will find something that will probably come within your particular line of endeavor.

In addition to the clinics, there are incorporated in this volume a number of other interesting discussions, devoted to several of the special lines, as well as to general medicine and surgery. As a whole, this volume of the Clinics appeals to us as one of the best we have ever seen and we believe that if the policy of actual clinical reports is followed that this will become one of the most popular quarterlies published.

THE MEDICAL CLINICS OF CHICAGO. Volume II, Numbmer VI (May, 1917). Octavo of 252 pages, 46 illustrations. Philadelphia and London: W. B. Saunders Company, 1917. Published Bi-Monthly. Price per year: paper, $8.00; Cloth, $12.00.

This completes the second volume of the Medical Clinics of Chicago and will be the last book to appear under that particular name, as the publishers announce that hereafter this bi-monthly publication will be known as the Medical Clinics of North America and that the clinics of the leading hospitals of the entire country will be reported. This will serve to add much breadth to the publication and will undoubtedly make it a book of greater interest, if such be possible. The first number of the new volume (July) will be devoted to Baltimore and Johns Hopkins Hospital; number two, the Philadelphia number (September) will cover the clinics of the University of Pennsylvania and Jefferson. Later numbers will be devoted to New York, with reports from Columbia, Bellevue, Cornell and the Postgraduate School; Boston, including Harvard, Massachusetts General Hospital, Boston City Hospital and Peter Bent Brigham Hospital; Chicago, covering those hospitals which have become familiar to the Clinics under its old name of Chicago.

In this, the last of the Chicago Clinics, is to be found much of great value to the general practitioner, the man in the field who feels that he cannot leave his work sufficiently long to take frequent and extended post graduate courses. As has been the rule in other numbers of the Clinics, the various lecturers have taken particular pains to bring out every point plainly, so that the reader may be given a vivid picture of the case being discussed. In this way the reader gains many little practical points which may serve to turn the tide favorably for both doctor and patient. Full attention, in every instance, is given to etiology, pathology, diagnosis and treatment and, as in other numbers of the publication, end results are reported wherever possible, thus giving the reader a complete history of every case from beginning to end. Very frequently the patient is brought forward more than once, so that the effect of treatment, good or bad, may be noted. In this number is printed the complete index and table of contents of volume two. While the illustrations are

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not profuse, there are sufficient of them to elucidate the text properly.

IMPOTENCY, STERILITY AND ARTIFICIAL IMPREGNATION, by Frank P. Davis, Ph.B., M.D., Fellow American Medical Association; Ex-Secretary Oklahoma State Board of Medical Examiners; Former Superintendent Oklahoma State Institution for Feeble-Minded; Author of "How to Collect a Doctor Bill," "The Doctor; His Book of Poems," "The Physician's Vest-Pocket Reference Book," etc.; Former Editor and Publisher, Davis' Magazine of Medicine. 138 page. Cloth, price $1.25 net. C. V. Mosby Company, Publisher, St. Louis, 1917.

At first sight it would seem that the author had taken a hackneyed subject to discuss, and were it handled in the usual way, such might be the case, but this book is "different" from those we see under the same or similar title. It is different, due to the fact that the author has not clothed his remarks in mystery, but has given the findings in his everday practice, reaching over a considerable number of years, during which time he has been thrown in contact with both the normal and abnormal sexual individual. If one reads this book upon the basis upon which it has been written, he will be able to carry much valuable information to his patients and others. He will get a better understanding of impotency and its causes, as well as how to best treat the various varieties. He will be able to combat the idea of "lost manhood" in a scientific manner and may, in this way, save many a young man, as well as a goodly number of old ones, hours of mental worry and horror. He will also be better able to ferret out the reason for sterility, both in the male and female, as well as possibly bring about a correction. The chapter devoted to artificial impregnation can be read with both interest and profit, for the author points out where it may be employed to good advantage under certain circumstances. The last chapter in the book is devoted to therapeutics and those drugs which are found useful in treatment of the conditions considered are discussed sufficiently to give the reader a good idea of the proper use. While the book is not large in size, it contains much meat, much that should bring considerable to the doctor who reads and applies the principles taught.

PROGRESSIVE MEDICINE, Volume XX, Number 2. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences, Edited by Hobart Amory Hare, M.D., Professor of Therapeutics, Materia Medica and Diagnosis in Jefferson Medical College, Philadelphia, Assisted by Leighton F. Appleman, M.D., Instructor in Therapeutics, Jefferson Medical College, Philadelphia. June 1, 1917. More than 350 pages, illustrated. Paper. Price, by Subscription, $6.00 per annum. Lea & Febiger, Publishers, Philadelphia and New York, 1917.

The first article in this popular current publication, is one by Coley on Hernia, in which he discusses the various types and phases of the condition. A thing which will be of particular interest, largely because of its rarity, will be found in the discussion of hernias of the urinary bladder. This is said to occur in 1 per cent. of all hernias and is a condition which, to our certain knowledge, has puzzled two very able surgeons within the past few weeks. Had these men read what Coley has to say on the subject the appearance of the bladder in the site of operation would have been no puzzle, as they would have been on the outlook for that one in one hundred cases of the kind, and would have recognized the bladder immediately upon its appearance. It is the knowledge of the unusual which is so often of the greatest value, and the thing we usually know the least of. Were there nothing else in this number of the Quarterly, it alone would be of sufficient importance

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to warrant the expense of ownership of the book. All other types of hernia are discussed very fully. Gerster, in an article covering more than an hundred pages, treats of the surgical diseases of practically every organ and part of the abdomen and everything is, as is usual with this author, well done. Clark follows with an article, likewise of more than an hundred pages, devoted to gynecology, in which he gives the latest ideas, culled from the literature of the world, on this subject. Stengel talks on diseases of the blood, diathetis and metabolic diseases, diseases of the thyroid gland, spleen, nutrition and the lymphatic system, and Jackson closes this number with a down-to-date paper on opthalmology.

As we have said before, in reviews of Progressive Medicine, this is one of the current publications that no physician can well afford to be without. It appeals to the surgeon and internist alike, as well as to many in some of the more exclusive specialties. It gives the reader the benefit of the latest findings in all subjects discussed and leads him to both better diagnosis and treatment. Unlike many works built up from references, it gives sufficient detail to enable the reader to get a very complete idea of the matter under consideration.

FATHER DAMIEN

At Tremeloo, Belgium, 75 years ago, Joseph DeVeuster, better known as Father Damien, was born. He was educated for a business career, but when he was eighteen years old he entered holy orders, and fifteen years later, in October, 1863, went to Honolulu as a missionary in the stead of his brother. In 1864 he was ordained a priest, and during the nine years that followed he was frequently struck in his parochial work with the pitiful condition of the Hawaiian lepers. In 1873, he volunteered to take up his residence on the Island of Molokai, to which at that time all lepers were deported, and there he remained until his death on April 15, 1889. He gave evidence in 1885 of having contracted leprosy from the unfortunates committed to his care, but he continued his labors.

Leprosy is a contagious, infectious disease, which is believed to be directly communicable from one person to another person. It is believed to be caused by a microscopic vegetable parasite shaped somewhat like a small curved stick. This bacillus was discovered by Hansen in 1874. In man this disease appears in several different forms, attacking almost any organ in the body, destroying any or all of the senses, and finally producing death. There is a disease among rats which closely simulates human leprosy, and the bacillus which causes it resembles that found in human leprosy.

It is not definitely known just how the leprosy bacillus enters the body. It may be through wounds of the skin or the lining membrane of the nose and throat, and possibly it may be taken into the body with food. It is pretty definitely proven that no particular article of diet, such as fish, causes the disease. It has been thought that some insect may act as the agent which transfers the germs from sick to well people. This is not proven.

Whatever the exact mechanism in the transference of the leprosy bacillus practical evidence shows that the disease is spread mainly by direct contact, and is most prevalent where people are dirty and overcrowded.. There is no evidence that leprosy is hereditary.

Practical experience has shown that segregation is the only practicable means of controlling the disease. A bill appropriating $250,000 for the purpose of establishing a national home for lepers passed the House of Representatives on May 4, 1916, and was passed by the Senate on January 25, 1917. This provides a national institution for the care and treatment of the unfortunates afflicted with this gruesome disease and solves the problem of preventing its spread in the United States.

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TUBERCULOSIS DEPARTMENT.

ROBERT C. KIRKWOOD, M.D., Editor.
Medical Director, Alta Sanatorium,
Alta, California.
(Former Superintendent Mountain View Sanatorium, Lakeview, Washington.)

Chronic Non-Tuberculous Lung Infection, by A. H. Garvin, H. W. Lyall and M. Morita, New York. (Abstracted from American Review of Tuberculosis, March 1, 1917, page 16.)

This study consisted of 9 cases of chronic non-tuberculous lung infection of long standing (4 years or more) and is of interest because they had previously been diagnosed as pulmonary tuberculosis. This diagnosis was disproved only after long study comprising a review of the facts in the history, frequent physical examination, roentgenograms of the chest and repeated bacteriologic study of the sputum. There will usually be observed a very striking disparity of these points in favor of chronic non-tuberculous lung disease and against tuberculosis, except at such times as acute exacerbations occur, when the differential diagnosis will not be possible and the diagnosis of choice will be tuberculosis, because symptoms or signs, or both, strongly suggest it.

Usually the duration of the disease is clinically longer, with less severity of effect on the patient than is the rule in tuberculosis. Base lesions in tuberculosis are usually quite toxic and progressive. Base lesions of chronic non-tuberculous type are rather non toxic and non-progressive. The general health appears to be much more satisfactory than would be expected were the lesion tuberculous.

As regards the location, 90 per cent. of all tuberculous lesions are located in the apices or upper lobes and but 10 per cent. in the lower lobes. In chronic non-tuberculous lung infection the reverse is true.

The physical signs will be at considerable variance to what would be expected were the lesion tuberculosis. Two extremes may be met. There are either a large number of rather moist rales and ronchi, with only moderate cough and expectoration, or very few or no physical signs in the presence of symptoms. The symptoms, particularly cough and expectoration, are usually more manifest than the signs.

The differential diagnosis of bronchiectasis of extensive degree is not difficult. The essential treatment is posture. As the lesion is usually at the base of the lung, drainage by the inverted position is necessary to remove the mucopurulent sputum. Examination in the various inverted positions will usually determine the best posture for drainage. The experience of the patient will often establish this point. The patient is instructed to assume this posture and to vary it as the result in lung drainage is indicated. Lung drainage should be continued long enough to cleanse the respiratory tract thoroughly. At least 15 minutes four times a day in a minimum. Chronic nasal sinus infection are frequently complications, and usually require attention before postural treatment can be successfuly carried out. A stay of from six months to a year in the country may be advisable.

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Extension of Tuberculosis of the Lung as shown by Roentgen-Ray, Col. G. E. Bushnell, M. C. U. S. Army, Commanding U. S. Army Hospital for Tuberculosis, Fort Bayard, N. M. (Abstract from Southwestern Medicine, May 1917, page 15.)

From a study of 984 roentgenograms Bushnell showed 394 with paravertebral tuberculosis as a markèd feature. Only two cases of strictly apical tuberculosis were demonstrated. Eighty-two patients showed paravertebral tuberculosis alone (thickened lines with studding extending toward or to the apices). Thirty-nine of the latter had not reached the apex. Forty-five of the 82 cases of paravertebral tuberculosis showed no physical signs. All of the 82 had at some time shown symptoms of tuberculosis, i. e., cough, expectoration, pleurisy pains, hemorrhage, loss of weight, night sweats, malaise, etc. All of the 82 with two exceptions had at some time or other had positive sputum. Of 62 patients in the incipient stage admitted in past two years 37 had no physical signs, all had or had had symptoms, all except one had or had had positive sputum plates of all except two showed paravertebral tuberculosis above the hilusese; of these two, one had a basal pleurisy, the other a few scattered foci some of which were in the outer part of the lung. Bushnell states these figures give evidence conclusively of the importance of tuberculosis of the deep lung in the early history of pulmonary tuberculosis. The so-called incipient cases are not truly incipient, they are as a rule detected when the deep tuberculosis has invaded the superficial lung, when on tuberculous lymphangitis or peribronchial broncho-pneumonia has been engrafted a larger focus of broncho-pneumonia involved the cortical lung, the so-called primary lesion. True incipient tubercle gives no symptoms. Loss of weight, malaise, fever, cough, expectoration, night sweats and hemoptysis says Bushnell are not symptoms of incipient but of advanced tuberculosis. Their development he says marks in a general way the progression of the disease from the benign lymphangitic stage to that of tuberculous broncho-pneumonia, whether this disease manifests itself in the form of numerous minute foci immediately surrounding the larger bronchi or of single or few larger foci in the superficial lung. Physical signs of deep tuberculosis are absent or indefinite. The diagnosis depends almost entirely on roentgenologic examination. R. C. K.

Granules of Tubercle Bacillus, by J. Sorley, London. (Abstract from British Journal of Tuberculosis, April, 1917, page 51.)

Sorely shows that it seems at present impossible to draw any very exact correspondence between the granular forms of the tubercle bacillus and the course of the disease. The presence of the granuls, he states, implies simply that the bacillus is in a state of active reproduction, the presence of interpolar granules that the bacillus has attained a stage of greater or less maturity and that whether the bacilli be few or many, the severity of the disease and the prognosis are not necessarily affected thereby; for it is a matter of common clinical experience that a case in which the prognosis is good may have many bacilli in the sputum, whereas a case in which the prognosis is hopeless or grave may show few or none at all.

R. C. K.

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Focal Pulmonary Tuberculosis of Children and Adults, by E. L. Opie, M. D., St. Louis. (Abstract from Journal of Experimental Medicine, June, 1917, page 855.)

Opie states that approximately one-half of all adults have encapsulated lesions of the lungs or bronchial lymphatic nodes, whereas in one-third pulmonary and lymphatic lesions are firmly calcified and completely healed. He says tuberculous lesions of the lungs seen in adults having died of other diseases are of two types—1. Apical tuberculosis similar to the usual type of fatal pthisis and unaccompanied by caseation of the regional lymphatic nodes—2. Focal tuberculosis not more commonly situated in the apices than elsewhere and accompanied by caseation (or calcification) of the adjacent lymphatic nodes. Focal pulmonary tuberculosis of adults is identical with the tuberculosis of childhood. It occurs in at least 92% of all adults. It may be acquired between the ages of 2 and 10, but usually makes its appearance between the ages of 10 and 18 years. Tuberculosis of children does not select the apices of the lungs, is accompanied by massive tuberculosis of the regional lymph nodes and exhibits the characters of tuberculosis in a freshly infected animal, whereas tuberculosis of the apices in adults has the character of a second infection. Almost all human beings are spontaneously "vaccinated" with tuberculosis before they reach adult life. R. C. K.

MALIGNANT ANIMAL MAGNETISM

J. A. DUNGAN, M. D.

A rare hypnotic person is Perfesser Van Dersloot—
White hands an' taperin' fingers, black eyes an' roamin' snoot—
His phyzmahog is also draped in long an' flowin' locks,
Whilst a glimpse is now an' then obtained of rainbow-tinted socks.
He slips amongst us sudden like—unlooked for, so to speak—
Not even patent leathers givin' out a warnin' squeak;
Which this ain't nothin' wonderful, as when the Prof. comes out
There's somethin' doin' at the time—in fact, a boxin' bout.
We're all there in the ante-room, where two has on the mitts,
An' the rest, a heavin', shufflin' ring, is nigh a havin' fits,
When one, with art an' science, lands upon the other's beezer,
And then the bo mistreated so comes right back at the geezer
An' pastes him with right upper-cuts an' left swings to the jaw,
Which seems fair trade accordin' to the pugilistic law;
An' thinkin' so, we yells applause' an' eyes the feints an' punches,
An' bets a shekle or a bean accordin' to our hunches;
Then sudden-like the room grows still, an' we hardly hears a sound,
An' even the scrappers falls apart an' takes a look around,
An' it ain't scarce a wonder that their mouths hangs open wide
At what they sees, fer all the school's blank-faced and goggle-eyed.
There stands the Prof. in black broadcloth, a diamond in his shirt,
A-bowin' an' wrinklin' up his face just like it hurt.
At last he speaks in pipin' tones, which he seems to have held in
Till his feelin's is a-bustin' thru his olive-colored skin.
"Excuse me, gentlemen," he says, a-givin' a couple of twists
To the curlin' end of his mus-tash, like all them hypnotists,
"But it's most plain that you are filled with errors of a sort
An' are elevatin' brute force over mind! Ach! Dieu le mort!"
I asts Bill some time afterwards what that means, an' he said
That the Prof. refers to his cousin, Mike Dooley, who is dead!
He seems to have his feelin's, tho, in pretty good control,
An' I doubts if his heart-yearnin's is apparent to a soul.
But there's somethin' *is apparent*, an' a mighty pleasin' sight—

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That's the tickets Prof. distributes for his "show" downtown that night.

A-follerin' of which gen'rous act the Prof. gives us a speech,

An' we all agrees, as a speaker, he surely is a peach.

He says that there's two classes that's just "pie" to hypnotize—

One class is them that don't have brains, an' the other's extry-wise.

Well, when we cogitates them words, it ain't a little bit

Till me figgers out there's two of us he's almost bound to git.

One's Tuesday — course he's one of 'em — I guess I tells you once

How the first time he shows up there we elects him College Dunce;

But does I tell you how he climbs right on up to the top,

Whereas the most that graduates seems satisfied to stop?

Then there's another feller that, of whom there ain't a doubt;

He's sartin sure to set the world on fire when he gits out.

He's got a bushel o' brains or so, fer memorizin' things.

Why! He c'ud say eight pages o' Gray from memory, by jings!

At quiz he's all the mustard, just seems to take a look

Around in his bean, where seems to be all the pages in the book;

Then, lettin' his dreamy gaze fall on the margin of his cuff,

He'll belch up them verbatums till Prof. faints or chokes him off.

His knowledge comes in good fer us on 'zamination days;

We all sits close an "flatters" him in the "most sincere" of ways;

An', tho as an achievement it ain't on no big scale,

There's quite a few of us gits thru "to heaven" on his coat tail.

But say! When this feller does git out, he just plum fizzles flat.

Which fact sure flabbergasts us all. *We can't account fer that!* . . .

. . . So them two bein' oppersites, we figgers how the Prof.,

Accordin' to his thee-ries, 'll sure git 'em both right off.

Meanwhile his flowin' langridge is so grand it gits our goats,

Exceptin' Bill, whose nanny still is feelin' of its oats.

An' once I thinks I sees him wink an eye at Van Dersloot

An' jerk his thumb, 'self indicatin' some particular galoot,

Which makes me some suspicious when I, on lookin' there,

Beholds that feller Tuesday, a-grinnin' sort of queer.

What seems queer, too, Prof. gits the cue an' nods his head. Now, say!

There's somethin' in that feller's eye that's curous that-a-way.

Whenever he throws them orbs on you, you has that weakish feelin

Like bein' in the elevator when it shoots up thru the ceilin'.

Your brains all seems to mix an' swash around there in you noddle,

An' it don't seem's as you got more'n strength enough to toddle.

Prof. sways his head a little bit, till Tuesday comes in range,

An' to us what occurs right then is somethin' mighty strange.

The first thing Tuesday's grin fades out, then he makes a crazy leap

'N tromps down a dozen of the boys in a strugglin', swearin' heap.

He stampedes over 'em, then halts, clicks heels, an' gives "salute,"

An' stands there at attention just in front of Van Dersloot!

In view of which I gits Bill when he says down at the "dump"

"You never can tell by the looks of him how fur a toad can jump."

It seems Prof. "wills" him a "policeman," an' "commands" fer him to "come,"

Which same he *sure does* thoroughly, even overdoes it some!

Leastwise I 'lows the boys thinks so when he piles 'em on the floor,

A-tramplin' their tenderest regards, the whiles they cuss an' roar;

An' as their glances seeks him out, all murderous an' grim,

I judges that if looks could kill, theirs would of sure killed him.

Well, one by one they extricates their mangled selves until

There's only one left on the floor. Who's that? Why, that one's Bill;

He's got the wind squshed out o' him, an' a couple o' ribs caved in,

So naturally he don't join a lot with us in the general grin.

The Prof. is awfully perlite, an' hopes no harm is done,

An' then he bows a lot o' times an' smiles like a son-of-a-gun.

It turns out worse, tho, that we thinks, fer Bill's two ribs is broke,

Which tends to make it funnier, *since he gits up this joke!*

We does him up in bandages before we hits fer the show, Fer o' course, on account of his injuries, *poor Bill don't git to go!*

(The "Show" will appear in the September issue.)

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SELECTED ARTICLE

Diagnosis and Prognosis in Fractures of the Base of the Skull

F. E. BUNTZ, M. D.
Cleveland, Ohio

(From the Archives of Diagnosis)

It has long been the custom to speak of fractures of the base of the skull as injuries of the greatest moment, and yet it is well to recognize the fact that only in exceptional instances is it the fracture that is the serious lesion.

It is, of course, the associated injuries, the lacerated brain, the hemorrhagic extravasations, edemas, the contusion, compression or meningitis that determine the immediate prognosis, and it is a realization and understanding of these conditions which must guide our treatment. In other words, a simple fracture of the base obviously requires no treatment, save rest, and quiet, and so it is to the complications that we must give our attention. Before doing so, I would like to consider the more striking symptoms of basial fracture, which are, it seems to me:

First. Bleeding from the nose, ear, pharynx, into the scalp over the mastoid or in the neck below the occiput, and hemorrhage into the ocular conjunctiva. Any one or all of these may occur, and no fracture of the base of the skull be present, but if we can rule out local contusions or lacerations, there can be but little doubt as to the injury, and often a very good estimate of the location of the injury may be made, since, local lesions being eliminated, epistaxis and subconjunctival hemorrhage from the ears, middle fossa, hemorrhage from pharynx and ecchymosis about the ear or in the tissues of the posterior neck, the cerebellar fossa.

Second. Cerebrospinal fluid. One of the most positive signs of fracture of the base, especially if its discharge from the nose and ears follows prolonged hemorrhage.

Third. Nerve injuries. These are very common in fractures at the base, and where peripherla injuries and, in some cases, cortical lesions of the brain are ruled out, become presumptive evidence of fracture, Thus we have injuries to the seventh or facial with coincident facial paralysis, injuries to the olfactory with disturbances of smell, and diplopia and paralysis of muscles of eyeball following involvement of the motor oculi nerve.

Fourth. Sinus injuries. A fracture across the middle fossa may injure both the carotid artery and the cavernous sinus, so that an anterio-venous aneurism results, and symptomatic of this condition we have a pulsating exophthalmos; injuries of the cavernous sinus with consequent thrombosis may also cause a marked protrusion of the eyeball, so that the ball of the eye may be practically forced out from between the eyelids.

Fifth. Cerebral symptoms. These are not dependent upon the fracture alone, for the fragments are not widely separated and can scarcely be depressed so as to cause compression, but they are due, when present, to the associated lesion, so that we often have the familiar symptoms of compression from hemorrhage or edema, concussion, contusion and laceration.

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Sixth. Pulse and respiration. Slowing of the pulse and Cheyne-Stokes respiration, which are so often associated with severe fracture at the base in some stage of its progress, are not, of course, symptomatic alone of this lesion, and since they are present in such a wide variety of diseases and injuries, must be given but little weight in the diagnosis.

Seventh. Spinal fluid. This, when obtained by lumbar puncture, often appears bloody, but as laceration of the brain or rupture of artery or vein may give this same finding, it is only to be regarded as slightly corroborative of fracture.

It would appear from a review of these symptoms that eliminating external and local injuries, which might simulate them to a limited extent, the most positive evidences which we have of fracture of the base of the skull are, the hemorrhages already alluded to and the discharge of cerebrospinal fluid from the ears, nose or pharynx, and it seems to me that the most important sign is evidence of nerve involvement, especially of the seventh.

I cannot dismiss the subject of diagnosis without referring to the use of the X-ray examination. It is impossible to say just what proportion of fractures of the base of the skull will be revealed by the X-ray, but we must be prepared for failure in a very considerable number of instances, and the reason is not alone due to the normal irregularities of bones at the base, or to the fact that the fracture is often a mere fissure, but also to the inherent difficulties in taking the negative. It must often be taken from several different angles before the fracture is revealed, and the patient is often so restless, or delirious or the breathing is so heavy that it is almost impossible to get a satisfactory X-ray examination. Fractures in the posterior fossa show with considerable constancy; next in frequency of good results is the anterior fossa, while fractures through the middle of the base probably will not show in more than 50 per cent. of cases. When the fracture extends into the vault, as it often does, it is much more readily and constantly detected.

Now, what is the prognosis to be expected when, aside from the hemorrhage or discharge from the ear, or when there is a nerve injury as the result of a fracture of the base, no other symptoms being present? I believe it is ordinarily good. The nerve impairment may be more or less permanent, but frequently it is entirely recovered from and the greatest danger that we have to fear is infection and the development of meningitis. Obviously primary operation could not be expected to do any good in this, the simplest form of basal fracture, and indeed a large proportion after the first symptoms of concussion have passed get well without any serious disturbance whatever, and nothing but the later development of compressive symptoms, whether from infection or otherwise, would justify operative interference.

Laceration of the brain is a lesion commonly associated with basal fracture. It may be so great as to cause sufficient hemorrhage to produce compression symptoms, but in the absence of these, we must rely chiefly for its diagnosis upon evidence of nerve injuries and upon the obtaining a bloody fluid from a lumbar puncture, and to, I think, upon evidence of cerebral iritation, particularly delirium or insanity. From my own experience clinically, I would say that none of these symptoms demand operative interference, there being nothing certain or definite to operate for, and there is nothing so far as I am aware, as yet, to make us feel that the ultimate results so far as cerebral disturbances would be in any way benefited by an operation of any kind.

Associated fracture of the vault with brain injury or compression will, I believe, always demand operation in hope that removal of spicula or bone, elevation or depression of skull, evacuation of blood clots or macerated brain, and establishment of drainage and providing for passive or inflammatory

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edema may save the patient and prevent some of the more serious forms of brain sequelae. And yet, in looking over my case records, it is just this class of cases in which operation has seemed absolutely imperative, that fatalities have been so numerous as to be almost without exception, and the reason is not, as I apprehend, because we operate or because we don't operate, but because the nature of the injury has necessarily been so serious as to render a more favorable outcome practically hopeless.

Compression of the brain is a more or less common accompaniment of fracture at the base, and may be due to edema from venous obstruction, as in traumatic thrombosis, to hemorrhage, or to pressure of the displaced fragments of the skull itself. Compression may be an early complication, or it may come on several hours or even days after the original injury, and though we have, as yet, comparatively few statistics upon which to base a definite line of treatment, it seems reasonable to consider very seriously the question of decompression operations in all these cases. The degree or the severity of the compression symptoms often depends quite as much upon the location of the hemorrhage, for instance. as it does upon the amount, so that the removal of the clot is not the most important indication, rather it is by timely interference to so relieve the pressure as to prevent an early and fatal outcome. Though the clot may sometimes, as has been done, be successfully removed, it is more frequently inaccessable or so spread out on the base of the brain as to be impossible of removal. The inaccessibility of a basal clot makes its exact location relatively unimportant from an operative standpoint. Of course, in the presence of an associated fracture of the vault, with pressure symptoms and possible hemorrhage, the site of operation is readily decided upon, but under other circumstances probably the transmuscular operation in the temporal region will be the most favorable site, not only for extensive removal of bone, but possible location of clot.

Where the symptoms develop gradually opthalmoscopic examinations may give the first serious danger symptom in the beginning development of choked disc, and in its presence I do not believe that operation should be delayed. To this end early opthalmoscopic examinations should be made, for, if operation is to be of value it must be performed before the last stages, when complete chocked disc and medullary compression with Cheyne-Stokes respiration and slowed pulse have occurred. That not all severe cases of compression demand decompression operation may be illustrated by one of my recent series of brain injuries, in which the gradual supervision of epileptiform convulsions and final coma, with slowed pulse and stertorous breathing, determined me upon doing a decompression operation, but preliminary to this I did a lumbar puncture, removing a considerable amount of spinal fluid, and his symptoms began to improve so soon afterward that no further operation was done, and a perfect recovery, mentally and otherwise, resulted.

I have the record of 33 of my own cases of fracture of the base of the skull. In most of these the diagnosis could be readily decided upon from the presence of the cardinal symptoms alluded to. In some it was cleared up or corroborated at autopsy.

The column devoted to operation or nonoperation does not mean a decompression operation, for while that was undertaken in one instance, the operation was usually for an associated injury, such as fracture of the vault. In view of the almost uniformly bad showing made for the results in operated cases, I simply wish to call attention to the chief symptoms present, which emphasize a pervious statement made, that the operation was undertaken in exceptionally bad cases with associated injury

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of skull and brain were present. I do not wish to shirk any possible criticism of technic leading to such a fatal array of cases, but to state that it is my belief that the operative disclosures in all of them made it evident that they were primarily fatal. The criticism which I have to offer is that surgical judgment should have shown me beforehand that a favorable outcome was impossible, and yet it often seems that it is in the face of the seemingly hopeless things that we refuse to acknowledge that there is no chance, and operate because the patient will surely die if we don't.

Of the 33 cases here tabulated 16 died and 17 recovered. Of the 16 fatal cases 6 were operated upon. In only two was a decompression operation performed, and one of these was done while operating for an infected mastoid. The remaining operations were either exploratory skin incisions or elevation of depressed fractures of the vault which occurred at the same time.

In the cases that recovered a reference to the table will show that the symptoms were severe in many cases—evident compression of the brain having been recovered from without any operation whatever to her than a lumbar puncture in one case.

While some difference of opinion still exists among surgeons regarding the question of operating in all cases of fracture of the base, I believe that those of greatest clinical experience are inclined to agree with Frazie and Eisenbrey that once the circulation and respiration begin to fail, the vasomotor or respiratory center was unable to recover its tone or function whether or not decompression operation be practiced. And this corresponded to their experimental findings that decompression of the brain had absolutely no deterring influence upon the ill effects of intracranial tension in serious cases. It is probable that only too often the fatal pressure is not due to hemorrhage or clot, but to a general edema of the brain which, owing to the rigid separation of the falx and tentorium, prevent decompression from producing anything more than a local relief, and this often followed by such a marked bulging of the brain through the opening and pressure upon the edges of the bone defect, that it seems as though the brain would sustain decided injury from local pressure at this point.

I have no doubt but that had all these cases of recovery without operation been operated upon by a decompression operation and have recovered, one might have been influenced to regard many of them at least due to the operation.

In conclusion I would express it as the result of my clinical experience:

First—Simple cases of fracture of the base of the skull without severe laceration of the brain practically all get well without operative interference.

Second—The greatest cause of danger in these cases is from septic meningitis and operation cannot prevent this complication, but rather adds to its probability.

Third—The bad cases, complicated by bursting fracture of the skull with an extensive laceration of the brain, practically all die.

Fourth—It is in this class of cases that operations such as removing spicula of bones, crushed brain, etc., are most frequently resorted to, but usually without avail.

Fifth—Distinct compression symptoms coming on immediately after the injury without obvious evidence of extensive brain laceration would probably be deserving of decompression operation, for they might be due to hemorrhage and be susceptible to relief or arrest.

Sixth—Late symptoms of compression with beginning choked disc might be due either to hemorrhage or edema, and should be subjected to immediate operation, though in one case in which I had an opportunity to follow this plan, operation and subsequent autopsy showed no clot, very slight hemorrhage, but extensive laceration of the brain, not only

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in the lowest frontal convolution near the site of fracture, but in the occipital region far from the fracture the laceration of the brain was even greater than in the frontal.

Seventh—There are insufficient available statistics as yet to show that decompression operations hasten the recovery after fracture of the face, or lessen subsequent liability to cerebral disturbances.

SELECTED ARTICLE

Normal Pregancy Following Ligation of the Fallopian Tubes

GEORGE B. KENT, M. D.
Physician Robert Long Hospital, Indianapolis, Indiana

(From the Indianapolis Medical Journal)

The following case is of interest, inasmuch as there is now under discussion in the current medical literature many methods of producing permanent sterilization.

The history of the case is as follows:

Miss M., age 20, was admitted to the obstetrical ward of the R. W. Long Hospital November 16, 1916. She was having regular labor pains and a bloody mucous discharge was noticed by vaginal examination.

The only interesting point in the family history was the fact that the patient's mother and one sister died during parturition.

The patient had the ordinary diseases of childhood but made good recoveries. She gave a history of spasms during childhood, also a history of a few attacks of pleurisy during adult life. She has had night sweats and a slight loss of weight during the last few years. She has been bothered with chronic constipation and some swelling of the ankles at times. There was no history of veneral infection.

One year ago a Cesarian section was performed and the baby delivered successfully. It was at this operation that the surgeon, being aware of the narrow pelvis and also the low grade morality of the patient, decided to make her permanently sterile by ligation of both tubes.

The past history of the present pregnancy was complicated by severe nausea and vomiting, in the early months, also some swelling of the ankles and legs during the latter months.

The physical examination gave the following information:

Patient was small in stature, weighing 93 pounds. The eyes were easily fatigued by reading but other signs were negative. Breath fetid, marked pyorrhea alveolaris. The abdomen was oval in shape, slightly more prominent on the right side, the circulation being 83 cm. The veins over the abdomen were dilated. The low midline scar, from the previous section, was deeply pigmented. The fundus uteri was 6½ cm. from the ensiform, 29 cm. from smyphisis in a straight line, and 36 cm. following the circumference of the abdomen.

On palpation the fundus was found to contain the head of the fetus, a little to the right of the median line, while the breech lie over the pelvic inlet. The small parts were left on the right side, low down, heart sounds above the umbilicus on both sides but louder on the right.

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The pelvic measurements were the following:

External Congugate .....18½ cm.
Intertrochanteric .....28½ cm.
Interspinous .....23½ cm.
Intercrystal .....25½ cm.
Left oblique .....19½ cm.
Right oblique .....20½ cm.
Transverse diam. of outlet..... 8½ cm.
Congugate Diagnolis .....11½ cm.

Pelvic examination showed the introitus to be small, right fornix clear, left fornix low, cervix hard and nodular, and a scar on the right side. A bloody mucous discharge was present.

The urine was amber colored, acid in reaction, specific gravity 1022, albumin, one plus, no casts, sugar negative.

The red blood count was 4,200,000, white 9,000.

Light labor pains were present during the night and the next day following admission, becoming very characteristic the following morning. The membrane ruptured spontaneously, 8:30, November 18.

The size of the pelvis and the weakness of the uterine wall due to the previous section, called for a second Cæsarian section. The patient was taken to the surgery about midnight, November 18, and a successful section performed by Drs. Burckhardt and Gatch. The method of eventration of the uterus was used. The uterus was turned out of the abdominal cavity through a large incision. The upper angle of the wound was temporarily closed with three silk worm sutures. The uterus was surrounded by towels. The scar in the uterine wall was noticed to be very thin, predisposing to early rupture had labor been allowed to progress. An incision made into the uterus, showed an anterior attachment of the placentia, which was quickly divided and the amniotic sac and fetus delivered, while the assistant held the abdomen as tightly as possible to prevent the flow of amniotic fluid into the abdominal cavity. The placentia was delivered and the uterine wall closed.

It was then decided to remove both tubes. On examination, the left tube was found to be comparatively divided and the right tube a mere thread of fibrous tissue at one point, which could only be explained by a ligation at the time of the previous section, performed the year before, attempting to cause permanent sterilization.

Both tubes were then removed and the stumps turned in. The abdomen was then closed.

The puerperium was excellent. There was a slight elevation of temperature and pulse following the operation but after the sixth day it was normal and remained practically so until the day of her discharge from the hospital, December 11, 1916.

In Dr. Robert L. Dickinson's review of the subject in the August, 1916, number of Surgery, Gynecology and Obstetrics, it was shown that pregnancy rarely occurs after section of the fallopian tubes. Disease and distention may occur, however.

Dr. James C. Wood reported a case of ectopic pregnancy following ligation and section of the fallopian tubes. (S. G. and O., March, 1917.)

The report of this case will, I hope, add to the meager amount of material on this subject.

INCREASE IN PELLAGRA

That there may be an increase in pellagra during the coming year on account of the rise in the cost of foodstuffs is the fear expressed in a statement issued by the United States Public Health Service. As a result of government researches it was found that pellagra is produced by an insufficient, poorly-balanced diet and that it can be both prevented and cured by the use of food containing elements in the proportion required by the body. The application of this knowledge greatly reduced pellagra in 1916 as compared with previous years. This reduction is believed

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by experts of the public health service to have been due to improved economic conditions which enabled wage-earners to provide themselves with a better and more varied diet and to a wider dissemination of the knowledge of how the disease may be prevented. It is feared, however, that pellagra may increase in 1917 by reason of an increase in food cost out of proportion to the prosperity now enjoyed by this country. The great rise in the cost of forage, particularly cotton seed meal and hulls, is causing the people in many localities to sell their cows and thus there is danger that they will deprive themselves of milk, one of the most valuable pellagra-preventing foods. The high cost of living has further served to bring about a reduction in many families in the amount of meat, eggs, beans and peas consumed, all of which are pellagra prophylactics. In effecting economies of this nature the general public should bear in mind the importance of a properly balanced diet such valuable disease-preventing foods. there will be a greater incidence of pella- It is believed that unless this is done and refrain from excluding, if possible, gra next spring.

LILLY'S IODINE TUBES. — Packed in hypodermatic tablet vials, ten of Lilly's iodine tubes require very little space. One of these vials will fit nicely into a physician's tablet or syringe case; there is no danger of spilling or leaking and the tubes are always at hand when the site of a hypodermatic injection is to be sterilized. These tubes hold only a few drops of iodine—just enough for the purpose for which they are intended. Once a physician tries them they become a permanent adjunct to his hypodermatic outfit. To use, the physician simply breaks both ends of the sealed tube and applies it to the site of injection. Lilly's iodine tubes are supplied through the drug trade in packages containing five vials of ten tubes each—fifyt tubes altogether. Where more iodine is required for painting purposes Lilly's ampoules of iodine will be found very serviceable.

FREE—A NEW PATRIOTIC LAPEL BUTTON—Free from any advertising—Physicians will probably desire to receive a patriotic lapel button designed especially for members of the medical profession, differing from the ordinary stock designs on the market. The Cystogen Chemical Co., of St. Louis, Mo., have ordered twenty thousand buttons made from special drawings and lithographed in colors upon celluloid, and these will be distributed as long as they last, in the order that requests are received. The button will be about the size of a nickel, depicting an American eagle flying in a blue sky under the words, "America First," and in his talons he will be carrying an American flag in colors, red, white and blue. To the physician who desires something different, attractive and dignified, we advise sending in your request on a postal card with your name and address, to the Cystogen Chemical Co. 231 Metropolitan Bldg., St. Louis, Mo.

PREPARE BABIES FOR HOT WEATHER.—During the month of June it is not a bad plan for the physician to take mental "stock" of the babies under his care, especially such as are bottle-fed, with the general idea of recommending such treatment as will tone up and vitalize those whose nutrition may be below par, so that they may enter the trying summer months in the best possible condition to ward off or withstand the depressing influences of extreme heat or the prostrating effects of the diarrheal disorders of the heated term. Careful attention to feeding is, of course, a *sine qua non* and the details of the infant's nourishment should be carefully investigated and regulated. But this is not all. Many bottle-fed babies are below standard from a hematologic standpoint. The marasmic anemic baby deserves special attention in the way of building up and

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restoring a circulating fluid which is deficient in red cells and hemoglobin. In the entire materia medica there can be found no direct hematic quite as suitable for infants and young children as Pepto-Mangan (Gude). In addition to its distinctly pleasant taste, this hemic tonic is entirely devoid of irritant properties and never disturbs the digestion of the most feeble infant. Being free from astringent action, it does not induce constipation. A few weeks' treatment with appropriate doses of Pepto-Mangan very frequently establishes sufficient resisting power to enable the baby to pass through the hot summer without serious trouble, gastro-intestinal or otherwise.

RAGWEED HAY FEVER VACCINE MULFORD.—There are many hay fever sufferers who are sensitive to one particular pollen and a vaccine prepared from that pollen is, of course, the best agent for affording them relief. For this reason the H. K. Mulford Company of Philadelphia is furnishing, in addition to Hay Fever Vaccine Fall Mulford, a ragweed pollen extract, properly standardized and known as Hay Fever Vaccine Ragweed Mulford. Hay Fever Vaccine Fall Mulford contains the protein extract from the pollens of ragweed, goldenrod and maize, dissolved in physiological saline solution, and accurately standardized. Hay Fever Vaccine Ragweed Mulford contains the protein extract from the *pollens of ragweed only*, dissolved in physiological saline solution and accurately standardized. The injections at first may be given at about five-day intervals, the intervals being shortened or lengthened, according to indications. Ophthalmic and skin tests are not considered necessary in the control of dosage. It is sufficient to start with a small dose and increase gradually until satisfactory results are obtained. There are no contraindications to the therapeutic or prophylactic use of Hay Fever Vaccine Mulford, so far as known. A small percentage of patients may be hypersensitive to the protein extracts, in which case the dose may be accordingly reduced. A complete "working bulletin" on hay fever vaccine has been issued by the H. K. Mulford Company of Philadelphia, and contains valuable information regarding the treatment of this troublesome malady. It can be obtained from the company on request.

VASO-MOTOR DERANGEMENTS. — The part played by the vaso-motor system in countless diseases is at last thoroughly recognized. As a consequence, circulatory disorders are among the most common functional ailments that the modern physician is called upon to correct. Various heart tonics and stimulants are usually employed, but the effect of these is rarely more than temporary. To reestablish a circulatory equilibrium that offers real and substantial relief from the distressing symptoms that call most insistently for treatment requires a systematic building up of the whole body. Experience has shown that no remedy at the command of the profession is more serviceable in this direction than Gray's Glycerine Tonic Comp. For nearly 20 years this standard tonic has filled an important place in the armamentarium of the country's leading physicians. Its therapeutic efficiency in restoring systemic vitality and thus overcoming functional disorders of the vaso-motor or circulatory system is not the least of the qualities that account for its widespread use. The results, however, that can be accomplished in many cases of cardiac weakness have led many physicians to employ it almost as a routine remedy at the first sign of an embarrssed or flagging circulation.

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NONE IMMUNE

No country, no race, no sex, no color, is immune to tuberculosis. Similarly, no tissue, no member, no portion of the human body is immune to its inroads. The catholicity of the disease, both as to people and tissues brings about strange results. Tuberculosis of a bone or a joint is very different in its manifestations from tuberculosis of the lungs, the skin or the brain. When some of the internal organs are attacked, for example the suprarenal capsules, the consequences are even at wider variance from the commonly conceived picture of the devastations of that minute vegetable, the tubercle bacillus.

Thomas Addison, sprung from the English yeomanry of Cumberland, physician, teacher, student and diagnostic genius, carried on a series of observations for years before he found that tuberculosis was often at the root of the disease which now bears his name. Addison's disease, generally caused by tuberculosis of those little organs which lie just above the kidneys, is marked by extreme prostration, bloodlessness, a marked bronzing of the skin, and death. There may be other symptoms, but the weakness, anaemia and skin pigmentation are the most prominent.

The dogged determination which marked Addison's attempt to track a disease to its original source is the ruling spirit of 20th century medicine. No half-discovered fact will satisfy the modern investigator. The ultimate object is sought in its entirety by an industry of search, a correlation of scientifically deducted facts and a concentration of effort. Addison was born in April, 1793, and died of brain disease, June 29, 1860.

The late Dr. D. Hayes Agnew was a notorious fee-splitter. We have known him to give his whole fee to a struggling young doctor who has called on him for aid, in treating a case. Indeed, this was a habit of the venerated surgeon's days of affluence.—Me. Summary.

CHLORAZENE AND DAKIN'S SOLUTION.—How does Chlorazene compare with the hypochlarites or Dakin's Solution? You have heard a great deal about the hypochlorites, commonly known as Dakin's Solution. The difference between Chlorazene and Dakin's Solution may not be clear to you. It is just this: Chlorazene is a definite chemical compound (paratoluene-sodium-sulphochloramide) which was developed by Dr. H. D. Dakin of the Rockefeller Institute, subsequent to his work with the hypochlorites. This new synthetic is known as Chloramine T in Europe and Chlorazene in the United States. Chlorazene is an improvement upon the hypochlorites. Dr. Dakin has gone a step further and developed in Chlorazene an antiseptic which is not only as powerful as the hypochlorites and similar in action, but one which is less toxic, less irritant, and stable, both in powder and solution. Chlorazene is more convenient than Dakin's Solution and more generally efficient. The hypochlorites, to be 100 per cent efficient, must be prepared exactly in accordance with the latest method (there have been three or four formulas) and fresh solutions must be made frequently. The process is involved and technical, requiring a trained chemist and considerable laboratory equipment; each batch must be tested and protected to prevent deterioration, for the hypochlorites are sensitive to light and heat. Few physicians and only the larger hospitals have the facilities for preparing this hypochlorite solution. On the other hand, Chlorazene is supplied in powder and tablet form available for use at any time. It will keep indefinitely. Irrigating solutions for use according to the Carrel-Dakin method may be prepared with Chlorazene promptly and economically. Every physician and surgeon in the United States should know of and use Chlorazene wherever such an antiseptic is indicated. Literature will be sent on request to The Abbott Laboratories, Chicago, Ill.

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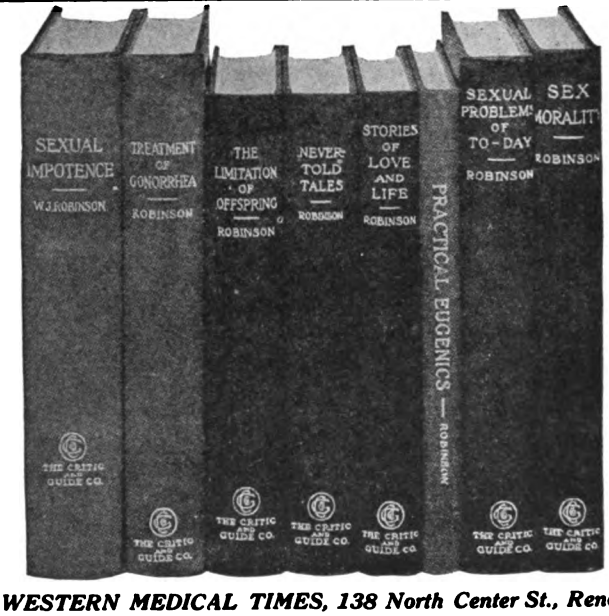

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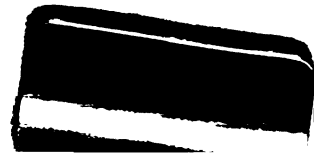

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and tissue relaxation mark the course and persistance of inflammation of the vaginal and cervical mucous membranes.

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